

Authorization And Consent for
Voluntary Surgical Sterilization By Vasectomy

1. I _____ the undersigned , hereby authorize Dr. Erian to perform the procedure of Bilateral Vasectomy on myself Using the NO scalpel technique.
2. This procedure has been explained to me and I understand the nature of this procedure. I have been informed that as a result of this procedure, I will no longer be able to father children and that the results of the operation may be permanent .
3. Being fully aware of the facts stated in paragraph 2, I persist in the request to have this procedure carried out. I recognize that during the course of the operation, unforeseen or unknown conditions may necessitate additional or different procedures than those set forth in paragraph 1. I therefore, authorize and request that the above named physician perform such procedures as are in his professional judgment, necessary and desirable.
4. I consent to the administration of Local anesthesia and the use of such anesthetics as may be deemed advisable. I am aware that fine structures like nerves , arteries and veins can be injured or cut accidentally during the procedure and any excised tissues or parts removed will be sent to cytopathology testing.
5. I acknowledge that no guarantees have been made to me as to the results of the operation or procedure.

Date : / /

Patient Signature: _____