

Drs. Gott, Goldrath, Troy, and Wu, S.C.  
**Vasectomy Consent Form**

We, Drs. Gott, Goldrath, Troy, Wu and Lewis, believe that informed consent is an integral part of providing high quality care to our patients. We believe that informed consent is a process and not simply a form signed by our patients. This process begins when a patient seeks information regarding vasectomy and ends when the patient understands the risks, benefits and alternatives to a vasectomy. In order to educate our patients, we utilize our website, educational office material and direct health care professional to patient discussions. There are no shortcuts to becoming well informed. We encourage you and your spouse to utilize these resources in order to educate yourselves regarding the issues associated with a vasectomy. We recommend that you sign this consent form if and only if you understand the risks, benefits and alternatives to a vasectomy.

I, \_\_\_\_\_, acknowledge that I have reviewed and understand all the information provided to me on the VasConsult website and during my visit with the physician and /or his designated healthcare professional. I have been given the opportunity to ask questions and all my questions have been answered. I acknowledge that I seek to have Drs. Gott, Goldrath, Troy and Wu, S.C. perform a vasectomy for the purpose of permanent sterilization. The details of the procedure have been reviewed. The risks and benefits of the procedure as well as alternative forms of contraception have discussed. This discussion included the short term risks of bleeding, bruising, swelling and infection all of which may require additional surgical intervention. The long term risks of failure of the vasectomy with the return of fertility, development of a sperm granuloma and epididymo-orchitis (infection and/or inflammation of the sperm tube and/or testicle) all of which may require additional surgical intervention to correct were discussed. The current literature strongly supports the fact a vasectomy does not increase my risk of developing prostate or testicular cancer.

I, \_\_\_\_\_, do hereby give permission to Dr. \_\_\_\_\_ or his designated associate to perform a bilateral vasectomy for the purpose of permanent sterilization. By signing the consent form, my wife and I acknowledge that I have been fully informed and understand the risks and purpose of this procedure. I further understand that I cannot consider myself sterile until I have provided two consecutively negative semen samples and been informed by the physician or his office staff that I am sterile. I have been instructed to continue to use some alternative form of contraception when engaging in sexual intercourse until I am informed that I am sterile. If I do not bring in the required semen samples, I assume all the risk that I may remain sterile. I understand that it is not the responsibility of the doctor or his office staff to ensure that I follow the instruction that have been provided and reviewed with me.

Patient: \_\_\_\_\_  
Wife: \_\_\_\_\_  
Witness: \_\_\_\_\_

Date: \_\_\_\_\_