

David J. Laub, M.D.

5333 Hollister Ave Suite 275

Santa Barbara, CA 93111

Tel (805) 569-2462 Fax (805) 569-2542

CONSENT FOR VASECTOMY

Male Sterilization

I authorize Dr. David J. Laub to perform a bilateral vasectomy on me.

I understand this is to include removal of a small portion of each vas through a scrotal incision and then sealing the severed ends.

I understand this procedure is being performed in an attempt to achieve permanent sterility.

I give consent for the use of an appropriate anesthetic agent and for possible evaluation of any removed tissues by a Pathologist.

There is a small chance that the vasectomy will not work, therefore a repeat vasectomy may be required.

My semen will be checked after the vasectomy to confirm the absence of sperm. It usually takes 2-3 months to work. I should use another form of birth control until I get my semen test results. Otherwise, my partner(s) may get pregnant.

Complications that can occur include infection, bleeding, pain, sperm granuloma, and swelling.

I understand that I expect to be sterile as a result of this operation, although no such result is warranted or guaranteed.

SIGNED: _____

DATE: _____