

## SunMed Skin & Medical Vasectomy Consent Form

### Patient Only

Note: Fill out the form with your full legal name, sign it, and date it.

I, \_\_\_\_\_, acknowledge that I have been provided with and understand the following information about vasectomy:

- Vasectomy: what it is and how it works
- The benefits of vasectomy.
- How the vasectomy is carried out
- The risks involved with vasectomy.
- What to do before the vasectomy procedure.
- What to do after the vasectomy procedure.
- What to do if there are any complications or problems following the procedure.
- An emergency contact number and information about where to go in an emergency.

I, \_\_\_\_\_, hereby give my consent for Dr. Majid Alinia to perform a vasectomy procedure on me.

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

\_\_\_\_\_



**Doctors/Practitioners Only**

I, *Dr. Majid Alinia, General Practitioner*, have provided the above client with information about:

- Vasectomy: what it is and how it works
- The benefits of vasectomy.
- How the vasectomy is carried out
- The risks involved with vasectomy.
- What to do before the vasectomy procedure.
- What to do after the vasectomy procedure.
- What to do if there are any complications or problems following the procedure.
- An emergency contact number and information about where to go in an emergency

I have given the client an opportunity to ask questions, ensuring a thorough understanding of all the provided information. To the best of my assessment, the client is capable of giving consent and has enough information to make an informed decision about whether to proceed with the operation of Vasectomy.

Signature: \_\_\_\_\_

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

