



IU Health Physicians

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Patient's Name _____ Age _____ No. of Living Children _____

Voluntary Consent

I (we) have read and understand the above statements pertaining to vasectomy. I (we) have discussed the procedure, its expectations, and risks with the physician. I (we) consent to bilateral vasectomy for elective sterilization purposes.

<p>I _____ do hereby request and grant permission for (wife)</p> <p>sterilization to be performed on my spouse, _____ (patient)</p> <p>Signed _____ Date _____ (wife)</p> <p>-----</p> <p>I _____ do hereby request and grant permission for (patient)</p> <p>sterilization to be performed on myself.</p> <p>Signed _____ Date _____ (patient)</p>	
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IT HAS BEEN FULLY EXPLAINED TO US THAT THERE IS NO PERFECT METHOD OF STERILIZATION, AND THAT IN THE EVENT SAID STERILIZATION SHOULD FAIL, UNDER NO CIRCUMSTANCES WHATSOEVER, WILL WE HOLD THE IU HEALTH PHYSICIANS OR ANY OTHER PERSON, LEGALLY LIABLE FOR ANY SUBSEQUENT PREGNANCIES. WE FULLY UNDERSTAND THAT THE PURPOSE OF STERILIZATION OF ANY PATIENT IS TO PREVENT FUTURE PREGNANCIES AND THIS IS IN NO WAY CONTRARY TO OUR PERSONAL AND MORAL BELIEFS.

Signed _____
(patient)

(witness)

Signed _____
(wife)

(witness)