

1625 Ramblewood Drive Suite 1 East Lansing, MI 48823 Phone: (517)324-3700 Fax (517) 324-4589

Vasectomy Consent Form

I, _____, hereby request that the below listed Lansing Institute of Urology Physician, perform a Vasectomy to render me sterile.

Check one:

_____ Dr. Joseph W. Mashni

_____ Dr. Rafid H. Yousif

_____ Dr. Leonard J. Zuckerman

_____ Dr. Robert Dimitriou

The doctor has explained that the vasectomy procedure to my satisfaction. I understand that the procedure to be performed on me is not a guarantee of sterility. The doctor has also explained to me, and I understand, that after the operation is performed I will not become immediately sterile. It will be necessary for me to have my seminal fluid examined a minimum of three times to determine if the semen still contains sperm. I understand that until notified by my doctor that it is no longer necessary, I will need to continue to use birth control precautions.

Date of Birth

Patient Signature

Date

Spouse signature

I, _____, wife of the above named, have read and understand the above. I hereby consent to the operation to be performed on my husband.

Spouse Signature

Date

Witnessed By

Date