



Lorenzo D. Berlanga, M.D.
4800 N. Saginaw Road
Midland, MI 48640
(989) 631-4545 Fax (989) 631-9949
Visit our Web Site at: MPCenter.net

AUTHORIZATION FOR SURGICAL PROCEDURE RESULTING IN STERILITY
(Bilateral Partial Vasectomy)

I (We), the undersigned, acknowledge that (I) we have discussed fully the procedure called vasectomy with Dr. Berlanga. I (We) understand the procedure is not without complications such as, but not limited to: pain, both at the time of surgery and afterwards, bleeding, infection, failure and granuloma formation. I (We) have also had the opportunity to read and understand several available handouts and have seen a videotape. I (We) understand that I (we) can ask any questions if issues remain unclear. I (We) understand that the surgery can be canceled by notifying the doctor's office.

I was told that the decision to be "sterilized" is up to me.

I (We) understand that there are temporary methods of birth control available. I have rejected these alternatives. I also understand that there are places where I can have my sperm frozen and saved for possible use and information is available if I request it. I have decided not to do this.

The discomforts, risks and benefits associated with the operation have been explained to me (us). I (We) do realize that the result, sterility, **cannot** be guaranteed. I (We) also realize that during the postoperative period (for at least 3 months after surgery) other contraceptive measures should be used until specifically advised that such measures are no longer necessary. To make this decision, 2 semen specimens need to be examined – one at 6 weeks and one at 3 months. I will bring these to the doctor's office.

All of my (our) questions have been answered to my (out) satisfaction.

NOTICE You must have a driver the day of the procedure. If you do not have a driver, the procedure will not be done, you will be rescheduled for a later date.

I also consent to the release of those records to the following insurance company:

I, hereby consent of my own free will to be sterilized by Dr. Berlanga by the method called vasectomy.

(Signature of Patient)

Month/Day/Year

(Signature of Partner)

Month/Day/Year

(Signature of Witness)

Month/Day/Year