



Urology
Clinic P.C.



STACY J. CHILDS, M.D., F.A.C.S.
JAMIE VANOVEREN, D.O.

Consent for Sterilization Operation

Whereas, Stacy J Childs, M.D., Jamie VanOveren, D.O., or other physicans of the Urology Clinic P.C. hereinafter known as the surgeon, has been asked to perform an operation of sterilization on the undersigned patient, such an operation being known medically as a vas-ligation and section. The surgeon is willing to perform such operation only upon the written consent and agreement of the undersigned patient and wife (when applicable), freely and fully given, and whereas the undersigned, by the execution of this agreement, hereby give their consent and agreement, individually and jointly, to the performance of a vas-ligation and section upon the patient with full understanding that said operation may forever and irrevocably deprive said patient of the ability to produce children or cause pregnancy in a female partner.

The undersigned further agree that the surgeon shall not be responsible in any way for the deleterious consequences resulting from said operation, and hereby release and discharge him from any or all claims and demands whatsoever which they, their heirs, executors, administrators, or assigns, have or may have against him by any reason of any matter relative or incident to such operation.

The undersigned have read and fully understand all details of the Vasectomy.

Patient _____ Date _____

Print Patient's name

Witness _____ Date _____

Physician _____ Date _____

Revised 7-2008