



JAMIE VANOVEREN, D.O.
CLAY M. PENDLETON, M.D.

Consent for Sterilization Operation

Whereas, Jamie VanOveren, D.O., and Clay M. Pendleton, M.D., or other physicians 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 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. Protocol is that no other individuals are allowed in the room during the surgical procedure.

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. Potential deleterious consequences include, but not limited to, are chronic pain, bleeding, hematoma, infection, sperm granuloma, failure of procedure, need for additional procedure. Patient agrees clearance will be based on having a clear post vasectomy semen analysis 4 months after vasectomy at outside lab or hospital lab.

Urology Clinic PC will charge a \$50 fee for no show of appointments or canceling appointment less than 24 business hours before scheduled appointment.

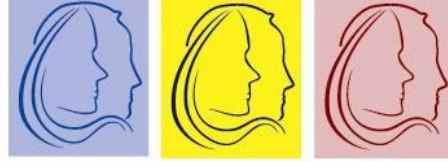
The undersigned have read and fully understand all details of the Vasectomy.

Patient _____ Date _____

Print Patient's name

Witness _____ Date _____

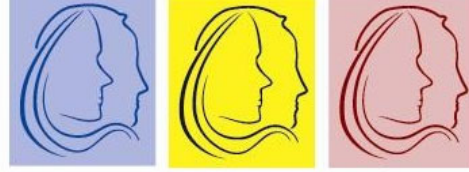
Physician _____ Date _____



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Instructions to Follow After a Vasectomy

1. Wear a scrotal supporter for 48 hours. Thereafter you may wear it as long as it is comfortable.
2. Avoid strenuous physical exercise and sexual intercourse for 7 days.
3. You may shower on the day following your vasectomy and thereafter. You may apply soapy water to gently wash your scrotum, rinse and blot dry- do not rub dry.
4. You may experience a small amount of blood, some tenderness, and mild swelling in the area of the incision. This should subside by 72 hours post procedure.
5. All stitches will dissolve and do not require removal.
6. You must schedule to have post vasectomy semen analysis after 4 months and after 20 ejaculations prior to collection of your sample. You will need to call our office and have a post vasectomy order sent to outside lab then make an appointment at the outside lab or hospital lab for clearance. You will need to schedule the test directly with the lab. Your sample collection should be by masturbation. You must collect the entire specimen. You will need to let our office know once you have scheduled the semen analysis.
7. **Continue using birth control** until your have been cleared by your physician.
8. If you experience any problems you may contact the office at 970-871-9710 or Craig 970-826-0301 or Frisco 970-368-6247.



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HOW TO PREPARE YOURSELF FOR A VASECTOMY

1. Shave all hairs from the scrotum on the evening before or on the day of your scheduled surgery. After shaving the area, thoroughly wash the penis and scrotum, then shower or bathe to remove all loose hair. Make sure you take your antibiotic as directed before your vasectomy. If you choose to take Valium before your vasectomy it needs to be taken 1 hour prior to the procedure.
2. Get someone to drive you to and from your appointment. **This is mandatory.**
3. Please bring a athletic supporter (local drug store) or supportive underwear to your appointment.
4. Consent **must** have been signed and in our office before the day of your surgery.
5. If you take any aspirin or other blood thinning medications, please **stop 5 days prior** to your surgery.
6. Please make every effort to keep your scheduled appointment. If you are unable to make the appointment or have any questions or concerns, please contact our office at least **24 hours** prior to your surgery. Urology Clinic PC will charge a \$50 fee for no show of appointments or canceling appointment less than 24 business hours before scheduled appointment. **Steamboat 970-871-9710, Frisco 970-368-6247, Craig 970-826-0301**
7. Vasectomy & Office Visit must be paid in full on or before day of surgery.
8. Protocol is that no other individuals are allowed in the room during the surgical procedure.
9. Patient agrees to have post vasectomy semen analysis 4 months after vasectomy at outside lab or hospital lab for post vasectomy clearance.
Your appointment is scheduled on _____ at _____