



**ASSOCIATED  
UROLOGISTS**  
OF NASHVILLE, LLP  
*Adult Urology*

### Consent for Sterilization

FULL NAME OF PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

I request that \_\_\_\_\_ MD perform upon me the following sterilization procedure, vasectomy.

I acknowledge that this procedure is entirely voluntary on my part and that I have not been forced in any way whatsoever into agreeing to this statement.

I understand that if the operation proves successful, the results should be considered permanent and irreversible and it thereafter is physically impossible for me to impregnate.

Although good results are expected from this surgical procedure, there cannot be any guarantee or warranty, expressed or implied, by anyone as the results that may be obtained.

The procedure to be followed has been explained. I have been told the benefits to be expected and of the possible discomfort and risks.

All questions of mine concerning the operation have been answered and a final offer to answer any inquiring concerning the procedure was made.

I certify that I fully understand the above as read and request and consent to the operation. That the explanations referred to were made, and that all the blanks and statements requiring insertion of completion were filled in before I signed.

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Spouses Signature (if applicable)