

Pat Fulgham, M.D.  
Urology Clinics of North Texas  
8230 Walnut Hill Lane #700  
Dallas, Texas 75231  
(214) 691-1902

# Consent for Sterilization Procedure

WHEREAS, Pat Fulgham, M.D., has been asked to perform an operation of sterilization on the undersigned patient, such an operation being known as a vasectomy (or vas section and ligation) and WHEREAS, said physician is willing to perform said operation only upon the written consent of the undersigned patient, freely and fully given, and WHEREAS, the undersigned by execution of this agreement, hereby gives his consent and agreement to the performance of a vasectomy upon the patient with the full understanding that said operation may forever and irrevocably deprive said patient of the ability to produce children or cause a pregnancy in a female partner.

THE undersigned further agree that Pat Fulgham, M.D. shall not be responsible in any way for any deleterious consequences resulting from said operation, and hereby release and discharge him from any or all claims and demands whatsoever which the patient, his heirs, executors, administrators or assigns have or may have against said physician by reason of any manner relative or incident to such operation.

I, the undersigned, further certify that: *(sign initials to the left of each applicable statement)*

\_\_\_\_\_ I have read and fully understand all the details of the brochure on Vasectomy and the Vasectomy instructions which were given to me by Dr. Fulgham's office and of which this consent form was an intrinsic part and/or I have viewed the "Vasectomy Patient Education Video" in full.

\_\_\_\_\_ having read the brochure and/or viewed the video I have discussed the procedure with Dr. Fulgham and have no further questions.

\_\_\_\_\_ I have been instructed not to take aspirin or non-steroidal anti-inflammatories, vitamins and supplements for 21 days prior to the vasectomy procedure.

\_\_\_\_\_ I have been informed by Pat Fulgham, M.D. and understand that I am to bring a semen specimen to his office to be checked at 8 weeks and again at 10 weeks. I may have to provide additional semen specimens until there are 2 consecutively negative semen specimens. I understand that I am not considered sterile until there have been 2 consecutively negative semen analyses. I have been counseled not to have unprotected intercourse until there have been 2 consecutively negative semen analyses. I understand that it is my responsibility to follow-up with Dr. Fulgham's office to find out the results of the semen analyses.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Patient Name Written

\_\_\_\_\_  
Patient Signature

Witness Signature\_\_\_\_\_

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| Acct No. _____ |
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