



1. Procedure: Bilateral Tubal Ligation

2. Purpose of Procedure:

- * To perform a permanent sterilization on me by either removing a portion of my tubes, burning a portion of my tubes, or putting a clip / ring on my tubes.
- * I UNDERSTAND THAT THIS PROCEDURE MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE (I will not be able to have a child after it).

3. Alternatives

- * not have this procedure and use another method of contraception such as the pill, condoms, diaphragm, hormone shots, IUD etc.
- * have my partner undergo a vasectomy (male permanent sterilization).

4. Risks of the procedure:

- In general, this procedure is extremely safe, but occasionally the following complications may occur:
- * **Bleeding:** sometimes requiring other surgeries to stop it. Rarely a transfusion may be required and I accept the risks of such a transfusion.
 - * **Infection:** sometimes requiring antibiotics, and in rare cases admission to the hospital and/or additional surgery.
 - * **Injury to other organs:** rarely the intestine, bladder, a blood vessel or other tissues may be accidentally injured and additional surgery may be required to repair them.
 - * **Scar tissue:** my internal organs and my skin can form scar tissue, which can lead to pain or other problems.
 - * **Reaction to the anesthesia** or other relatively less common problems that can pose serious consequences to my health.

5. Chances of success:

About one in 200 times this procedure can fail and I may still become pregnant. I **will not** hold the doctor liable for this failure since it is a known accidental occurrence after having this procedure performed.

6. Financial responsibility:

I understand that I am financially responsible to the doctors for this procedure. I understand that the office as a courtesy will file to my insurance carrier for this surgical procedure but I am responsible for any non-covered, non-allowed portion. I consent to the release of my medical records regarding this procedure to my insurance carrier including this consent.

I have read and fully understand the above and voluntarily consent to have this procedure performed on me. The physician has answered my questions.

Patient's Name _____

Signature _____

Witness _____

Date _____