



**CONSENT FOR STERILIZATION BY VASECTOMY**

I hereby request and authorize Dr. Malcolm Schwartz, Dr. Bernard Lehrhoff, Dr. Kenneth Ring, Dr. Mark Miller, Dr. Joshua Fiske, Dr. Andrew Bernstein and whomever he may designate to assist him to perform upon me the operation known as Bilateral Vasectomy.

I understand that Bilateral Vasectomy means the removal of a segment of each vas deferens, each of which conducts sperm, and that the purpose of this operation is to cause sterility, i.e., inability to produce children or cause a pregnancy in a female partner.

I agree that I will present several specimens of my semen at different times which will be specified following the operation so that the absence of sperm from the semen can be determined, and I understand further that contraception should not be abandoned until I am advised that the operation has in fact resulted in my sterility at that time.

I understand that the operation is intended to be irreversible, but that notwithstanding the purpose and intent of the operation, it may not have this effect. I also understand that permanent sterility is not guaranteed.

I hereby release Dr. Schwartz, Dr. Bernard Lehrhoff, Dr. Kenneth Ring, Dr. Mark Miller, Dr. Joshua Fiske, Dr. Andrew Bernstein and his assistant from any and all liability arising out of, or connected with, the performance of this operation.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

*Adult and Pediatric Urology • Sexual Dysfunction • Male Infertility • Urinary Incontinence • Urologic Oncology  
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