

Community Care Urology – Clifton Park

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CCP UROLOGY VASECTOMY CONSENT

I, the undersigned, give permission to perform the following procedure:

PRINT PROVIDERS NAME

MALE VASECTOMY-REMOVAL OF SPERM DUCTS

The benefits and possible risks of the procedure(s) have been explained to me. The alternatives have been discussed, and all my questions have been answered. I believe that I have a reasonable understanding of what is to take place.

My consent is informed and freely given.

Patient Signature: _____

Printed Name: _____

DOB: _____

Witness: _____

Date: _____

Diagnosis: Z30.2- ENCOUNTER FOR STERILIZATION

PROVIDER SIGNATURE: _____

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