

**MCSO**   
Metro Chicago Surgical Oncology, LLC

CONSENT FOR VASECTOMY

I do authorize my MCSO physician to perform a bilateral Vasectomy.

I have been informed that this procedure is intended to produce sterility even though the result cannot be guaranteed.

I am aware of the need to follow post-operative instructions until my physician indicates the probability that the procedure has been a success. I am aware that premature sexual intercourse without protection may result in an unintended pregnancy.

I am also aware that if the operation proves successful, the results are expected to be permanent. I have been told of the remote possibility that nature may cause the passageways to re-open, thereby defeating the purpose of the operation.

Signed:

Print Name:

Date:

\_\_\_\_\_

patient

Signed:

\_\_\_\_\_

patient

Signed:

\_\_\_\_\_

spouse

Physician:

\_\_\_\_\_