

## Consent for the Insertion of the Contraceptive Implant

Place C Label Here

I have requested and received information on the contraceptive implant. I decided to use this method of birth control and have been counseled on the benefits/advantages and risks/disadvantages of the contraceptive implant method. I have read the FP-EM-7 handout, as well as the manufacturers package insert. I was given the opportunity to ask questions and received answers. I understand that if contraceptive implant placed within 7 days of LMP, no backup needed. Can be placed any time of cycle if reasonably certain not pregnant. If later than 7 days from LMP, use backup for 7 days. If I was using Depo-Provera, then the contraceptive implant should be inserted at the time of my next injection. I am not allergic to antiseptic and anesthetic to be used during insertion.

I also understand that the contraceptive implant does not protect against HIV or any sexually transmitted diseases. I have been advised to use condoms in order to decrease the risk of infections. It is my responsibility to report any warning signs to my physician or clinic. It is my responsibility to have yearly well woman visits to obtain pap smears and pelvic examinations as recommended by provider.

I hereby consent to the insertion of the contraceptive implant and understand that it is effective until \_\_\_\_\_, at which time I must have it removed. I received a FP-EM-7 handout dated \_\_\_\_\_ and a copy of the contraceptive implant patient labeling and consent form and post-insertion instructions.

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

\_\_\_\_\_  
Date

The above patient signed the consent form in my presence after I counseled her and answered her questions.

Witnessed by:

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

I have provided an accurate translation of this information to the patient whose signature appears above. She stated that she understands the information and was given the opportunity to have her questions answered.

\_\_\_\_\_  
Translator/Interpreter Signature

\_\_\_\_\_  
Date