

## Consent for the Removal of the Contraceptive Implant

Place C Label Here

I have asked to have the contraceptive implant taken out of my arm. I understand that sometimes it is difficult to remove the rod and it may require more than one visit to complete the removal. I understand that I will have a local anesthetic injected around the rod to numb my arm before a small incision is made. Removal is usually a simple office procedure. In rare cases the contraceptive implant cannot be found when it is time to remove it. Special procedures such as hospital surgery may be necessary. Difficult removals may cause pain and scarring. If the contraceptive implant cannot be found, its effects may continue. Once the rod is removed, I may experience bruising and soreness at the incision site for several days. **If I experience bleeding, redness or pus from the incision site I will notify the clinic.** I understand that I will need another birth control method as soon as the rod is removed unless I am planning a pregnancy. The rod removed from my arm will be shown to me if I wish to see it. I am not allergic to the antiseptic and anesthetic to be used during removal.

I have had an opportunity to ask questions and discuss my concerns. After doing so, I give my consent to the removal of my contraceptive implant. I plan to use \_\_\_\_\_ as my method of birth control.

\_\_\_\_\_  
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

FP-4

Approved  
07/01/2020