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Consent Form for Essure Procedure

Signature	 Date	Witness	 Date
I am not allergic	to nickel or contrast me	dia (dye).	
	pportunity to ask question proceed with the place		ure permanent birth control vices.
I have received	the patient information b	oooklet.	
			nsmitted dieases and that ainst sexually transmitted
			the Essure device include, ar to menstrual cramping.
I understand that reversed.	t the Essure procedure	is considered to be pe	rmanent and cannot be
I understand tha evaluation of the preg		nant, I should immedia	tely seek medical care for
	t some women may not s occur I should seek th		ement of both Essure micro- an.
	t until the Essure Confir f birth control must be u		s confirmed my tubes are
tubes and that I can re Test (hysterosalpingo During this test, a spe	ely on the Essure proced gram (HSG)) must be pe	dure for my birth contro erformed three months will be used to show t	ed to close off my fallopian ol, an Essure Confirmation following the procedure. that my fallopian tubes are
	t the Essure procedure e which over time cause		ro-insert (small, flexible coil hereby preventing
			e has been clinically tested ncy during that time period.