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I consent to have the operation of VASECTOMY, the nature, purpose and intended effect of which have been explained to me.

- I understand
1. That it should make me incapable of fathering children
 2. That it may not be possible to reverse the operation
 3. That two consecutive semen tests must show no sperms are present before stopping other methods of birth control
 4. That it will be done using local anaesthetic
 5. That no assurance can be given that the operation will be 100% safe or successful

I have been warned of:

1. The risk of failure (early and late)
2. The risk of long-term pain
3. The risk of psychological problems

I have viewed and understood the video "VASECTOMY ... THE FACTS"

SIGNED:

DATE:

I have explained to the patient the nature of the operation, to which he has given consent

SIGNED:
(Doctor)

DATE: