

Consent form for Kincade Urology In-Office Procedure
(All conditions apply unless specifically refused and initialed by patient)

I, _____, give my permission and direct Dr. Matthew Kincade and his associates as he designates to perform the following in-office procedure:

Bilateral Vasectomy (permanent sterilization via surgical means), and any additional procedures considered to be necessary based on findings during the procedure.

I understand that following the procedure I must continue to have only intercourse utilizing birth control of my choosing until one post vasectomy semen analysis has been completed and found to be negative for a significant amount of motile sperm (per American Urological Association Guidelines).

I understand that I am responsible for my own post-vasectomy testing, and that Dr. Kincade recommends Fellow post-vasectomy testing (www.meeetfellow.com), but that testing is the responsibility of the patient.

Dr. Kincade has discussed

- The planned procedure
- The expected results
- Reasonable alternatives to the procedure
- The possible risks and complications including failure and continued fertility, bleeding / hematoma, infection, need for further procedures, damage to scrotal organs / testes
- Additional discussion if applicable

I understand that my Vasectomy will not be billed to insurance and that there is no existing relationship between my insurance and Kincade Urology LLC for this particular procedure. The services will be provided by Kincade Urology LLC and will not be done on the premises of Mercy due to the Catholic Directives of Mercy.

I understand that there are no guaranteed results or assurances of the outcome of the procedure, and that the procedure is not 100% guaranteed to produce the desired results of permanent sterilization.

Patient/Legal Guardian signature

____/____/20____. ____:____ AM/PM
Date/Time

____/____/_____
Patient Date of Birth

Witness