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VASECTOMY CONSENT FORM

PATIENT: _____

ADDRESS: _____

I _____ consent to the procedure of vasectomy. I understand that the intention of the procedure is to render me sterile. I understand that it may not be possible at a later date to reverse the effects of the procedure. I understand that the procedure is not effective until two clear seminal samples have been obtained and that there is a small but definite risk of failure. I understand that there may be unexpected complications following vasectomy, particularly relating to bleeding, infection and pain. I consent to the administration of a local anaesthetic. I have been given the vasectomy information sheet.

Signed: _____

Date: _____

DOCTOR fills out this section

I have explained the procedure of the vasectomy to the above named, along with its associated risks and complications.

Signed: _____

Print Name: _____

Date: _____