

### Vasectomy General Information

1. Consultation is required with Christopher Cassisi, M.D., Daryll B. Bullen, M.D., and Sean P. McLaughlin, M.D. Both man and wife are required to be present. The doctor will discuss the surgical procedure and complications to include potential bleeding, infections, loss of testicles, pain, swelling, possible sexual dysfunction, possible long range immunological problems, and any other unforeseen problems any or all of which could require further surgical and medical therapy. At this time, we like to take the opportunity to answer any questions that either you or your wife have regarding the Vasectomy.
2. A consent and release form must be signed in the office by both husband and wife and notarized by a Notary Public.
3. The charge for office consultation and urinalysis is payable at the end of the consultation.
4. The Vasectomy is scheduled for a later date. The surgical procedure charge includes the surgery and post-operative follow up visits. The fee is payable in full on or before the date of surgery. This is our policy, and NO EXCEPTIONS WILL BE MADE.
5. The surgery requires approximately one hour and is usually performed in the office using a local anesthetic injected into the skin. Occasionally, it may be necessary to perform the Vasectomy in the hospital and the doctor will discuss this with you. Should the Vasectomy be performed in the hospital, the surgical fee is due before the date of surgery. You will be billed later for the cost of the operating room, surgical pathology analysis, anesthesia, and any other hospital related costs.
6. Before reporting on the day of surgery, you must shave the scrotal area where the incisions are to be made. The antibiotics should be started the evening before surgery and continued as directed. The pill for sedation should be taken one hour prior to Vasectomy.
7. You must bring to the office with you an athletic supporter (Swimmer Type) or tight Jockey underwear to wear after the surgery. No boxer underwear. (Don't buy a suspensory type supporter). **Bring an ice pack on the day of surgery.**
8. A post-operative instruction form will be given to you on the day of surgery. Please read this carefully prior to leaving the office and ask the doctor to clarify any questions you may have. This instruction sheet must be followed carefully.
9. If surgery is done in the office, there will be an additional charge for the pathology analysis of the portions of the vas removed. This bill will come directly to you from the pathology laboratory.
10. Your activity after surgery needs to be limited and is described in the postoperative instruction sheet. Once intercourse is resumed 7-10 days after Vasectomy, contraception to prevent pregnancy must be used. After having intercourse or ejaculation 10-15 times, a seminal fluid specimen must be brought in to determine the absence of sperm. You cannot stop using contraception until this has been performed.
11. It is recommended that seminal fluid analysis be performed annually to confirm your continued sterility.
12. There are no eating restrictions prior to surgery. Only a light meal prior to surgery is recommended.
13. You must have someone accompany you to appointment to drive you home.
14. All aspirin, ibuprofen, anti-inflammatory medication and blood thinners must be Discontinued 5 days prior to procedure.

**CONSENT AND RELEASE**

**READ CAREFULLY BEFORE SIGNING**

KNOW ALL MEN BY THESE PRESENT, That us, \_\_\_\_\_, hereinafter referred to as Husband, and \_\_\_\_\_, hereinafter referred to as Wife, Husband and Wife, whose address is \_\_\_\_\_ City of \_\_\_\_\_, County of \_\_\_\_\_ State of \_\_\_\_\_, who have jointly and severally requested the services

of Christopher M. Cassisi, M.D., Daryll B. Bullen, M.D., and Sean P. McLaughlin, M.D. hereinafter referred to as Physicians, of the City of Gainesville, County of Alachua, State of Florida, by reason of valuable considerations passing to each of us by the performance of the requested services by said Physician, do mutually and severally consent, covenant and agree as follows:

1. That we have been fully informed and advised by Christopher M. Cassisi, M.D., Daryll B. Bullen, M.D. and Sean P. McLaughlin, M.D. of the methods, procedures, and consequences of that certain operation known as Vasectomy, Bilateral; that is, that said operation is a permanent and non-reconstructable operation performed on the Husband herein for the purpose of sterilization. Further, that said operation will permanently preclude and eliminate Husband's reproductive powers and abilities, so long as Husband shall adhere to the instructions and directions give to him by the aforementioned Physician.

2. We do, however, fully understand and agree that in rare cases that certain operation known as Vasectomy, Bilateral, may not permanently preclude and eliminate Husband's reproductive powers and abilities, but rather by acts of nature or otherwise, these reproductive powers and abilities may be regained.

3. We do fully understand, consent, covenant and agree that within a period of six (6) calendar weeks following the performance of the aforementioned operation, that Husband shall represent himself for further absence of spermatozoa in the reproductive organs of the Husband.

4. We do, jointly and severally, voluntarily and freely, consent and agree to that operation known as Vasectomy, Bilateral, to be performed by Physician on husband, and to any and all allied procedures performed by Physician. We do fully understand, consent, covenant and agree that complications do include bleeding, infection and/or abscess formation, pain and swelling, possible loss of testicles, possible sexual dysfunction, possible long term immunological problems, and any other unforeseen problems associated with the surgery which may require further surgical and medical therapy have been simply discussed in easily understood terminology and that we are fully aware that any or all of the above could possibly occur.

5. We, Jointly and severally, covenant and agree to hold the said Christopher M. Cassisi, M.D., Daryll B. Bullen, M.D. and Sean P. McLaughlin, M.D. free and harmless from any and all manner of action and causes of action, judgement, executions, debts and claims, and demands which may result by reason of the permanence of the aforesaid operation, which we may, jointly and/or severally, have now or may hereafter have by reason of the performance of such operation.

6. We, Jointly and severally, consent, covenant and agree that this instrument may be used in evidence, or presented in any manner or means, for purpose of settlement in any suit, claim, or demand, either at law or in equity, that may arise by reason of the performance of the aforementioned operation by the said Physician, and do jointly and severally waive any claim of privilege or privileged communication between physician and patient which may prevent this document from being used as aforesaid.

7. We, jointly and severally, acknowledge and agree that we have carefully read this agreement and that we understand and are fully AWARE OF ITS CONTENT AND THE EFFECT OF SAID CONTENTS, AND DO FREELY AND VOLUNTARILY execute it as our own free act and deed. Further, we do hereby acknowledge receipt of a copy of this agreement.

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WITNESS OUR hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:**

\_\_\_\_\_  
**Husband**

\_\_\_\_\_  
**Wife**

**STATE OF FLORIDA  
COUNTY OF ALACHUA**

I HEREBY CERTIFY THAT on this day before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared \_\_\_\_\_ Husband and Wife, known to me to be the persons \_\_\_\_\_ described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, that I relied upon the following form \_\_\_\_\_ of identification of the above named person \_\_\_\_\_ and that an oath (was) (was not) given.

WITNESS my hand and official seal in the county and state last aforesaid this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
**Notary Public**