



NEXPLANON REMOVAL CONSENT

I am requesting to have my contraceptive implant (Nexplanon) taken out today.

Please initial:

_____ I have been informed and understand that I may become pregnant right after the Nexplanon device is taken out. If I do not want to get pregnant after the contraceptive implant is removed, I may have a new one put in today or choose a different method of birth control to start today.

_____ I understand it could take up to 30 minutes to take the implant out.

_____ I understand that a small skin cut will be made close to the tip of the implant so that it can be removed. I am aware that I might feel some discomfort or pain during this procedure.

_____ I am aware of possible problems that might occur when taking the implant out, such as:

- An allergic reaction to the anesthetic or cleaning solution
- Bruising or soreness where the implant was removed
- Infection
- Breakage of the implant
- The need to make a second cut in order to take the implant out
- The need for a second visit to take the implant out

_____ I have read and understand this form and would like to proceed with having my contraceptive implant (Nexplanon) removed today.

Patient Name

____/____/____

Date

Patient/Health Care Agent/Guardian/Relative Signature

Physician Signature