



CONSENT FOR IMPLANON INSERTION

Site: _____

Client Name: _____ Client # _____

DOB: _____

I have requested and received information on Implanon. I decided to use this method of birth control and have been counseled on the benefits/advantages and risk/disadvantages of the Implanon method. I have received the MFHS handout as well as the manufacturer's package insert. I was given the opportunity to ask questions and received answers. I am not allergic to iodine or local anesthetics.

I hereby consent to the insertion of Implanon and understand that it is effective until _____, at which time I must have it removed. I understand that Implanon does not protect against HIV or any sexually transmitted disease. I have been advised to use condoms in order to decrease the risk of infection. It is my responsibility to report any warning signs to my physician or clinic. It is my responsibility to obtain pap smears and pelvic examination on a yearly basis.

Patient Signature

Date

The above patient signed the consent form in my presence after I counseling her and answered her questions.

Witnessed by:

Health Care Provider Signature

Date

To be completed by Translator/Interpreter, if used:

I have provided an accurate translation of this information to the patient whose signature appears above. She stated that she understands the information and was given the opportunity to have her questions answered.

Translator/Interpreter Signature

Date