

Consent for Implant Removal



Making my choice

I would like to have my implant removed today. The reason for this is (please tick relevant box):

<input type="checkbox"/>	I would like to use a different contraceptive or take a break
<input type="checkbox"/>	I no longer require contraception as I'm not sexually active with a fertile male
<input type="checkbox"/>	I no longer require contraception or period control as I have reached the menopause
<input type="checkbox"/>	I would like to try for a pregnancy

Return of fertility

I understand that when the implant is removed my background level of fertility will immediately return. I potentially could fall pregnant straight away if I am of a childbearing age.

Procedure risks

I am aware that the risks of this procedure include mild infection at the removal site, and allergic reaction to the anesthetic used. I can confirm however that I have no known allergy to lidocaine and consent to this being used. I accept that I may be left with a small scar.

Aftercare

I will keep the area clean and dry for the next 3 days. Should the area accidentally become wet or dirty within this time I will remove the dressing and cover the wound with a new clean plaster.

Aftercare

I can resume sex and normal daily activities as usual as soon as I am ready following my implant removal.

Print Name

Signature

Date