

I _____ hereby request and authorize Dr. John Garofalo, MD to perform Hysteroscopic Placement of Essure Microimplant for the purpose of permanent sterilization.

1. I hereby attest to my unequivocal desire to undergo a sterilization procedure and I understand the irreversibility of this procedure and the availability of alternatives such as reversible methods of contraception and male sterilization.
2. I deny any knowledge of current pregnancy, as well as childbirth, miscarriage, or abortion in the last 6 weeks.
3. I have never had a tubal ligation, pelvic infection, uterine anomaly, or allergy to contrast media or nickel.
4. I am not presently using prednisone, immunosuppressant therapy, or chemotherapy.
5. I have read the Essure pamphlet and have had all my questions answered by Dr. Garofalo.
6. I will continue to use an effective method of contraception for the next 3 months.
7. I will schedule a tubal test in 3 months.

Signature of Patient

Date and time

Witness

Date and time