

Implanon Procedure

Implanon refers to an office procedure that requires a tiny incision underneath one of your arms to place small Implanon implants. These small implants act as a birth control method for up to three years although they may be taken out sooner if I choose. When I choose to take the Implanon out, I realize that this will require an office procedure much like the one to insert the implants to remove the implants. I understand, like all birth control methods, Implanon is not 100% effective nor does it protect against sexually transmitted diseases.

I authorize Dr. _____, and such health professionals in training and assistants that he/she may select, to perform an Implanon procedure under local anesthesia performed here at SWHC.

I confirm that my doctor has advised me about my condition, the nature and benefits of the proposed treatment, alternatives, and related risks associated with Implanon. The risks may include but or not limited to infection, scarring, difficulty in removal and or changes in menstruation.

I was given an explanation of any unfamiliar terms and was offered the opportunity to ask questions regarding the Implanon procedure. I understand my post-op instructions and realize this is an important part of my recovery plan.

Patient Signature: _____

Date: _____

Witness: _____

Interpreter Attestation (when applicable):

Name of interpreter used during informed consent discussion: _____