

# Consent for Birth Control Implant Removal

When you sign this consent form, it means that:

- ◆ You are asking to have your birth control implant taken out.
- ◆ Your Family PACT provider has told you what will happen before, during, and after this procedure.

**Directions:** Read each statement carefully. Then, if you agree to have the implant taken out, sign your name on the line on the last page.

- ◆ I have been told how the implant will be taken out and that it could take up to 30 minutes. I understand that the provider will clean and numb the skin over the implant. Then, he or she will make a small cut close to the tip of the implant and take it out.
- ◆ I have been told that there may be some discomfort in my arm when the implant is taken out.

- ◆ I have been told that once the implant is taken out, I could become pregnant right away. I have been told that if I don't want to get pregnant:
  - ◆ I can have a new implant put in, or
  - ◆ I can choose a new method of birth control today.
- ◆ My Family PACT provider has explained to me that there may be problems when the implant is taken out.
  - ◆ There may be an allergy to the medicine used to numb the skin.
  - ◆ There may be bruising or soreness for a few days where the implant was taken out.
  - ◆ If there is any redness or oozing, I should call or come back to the clinic. That could mean there is an infection.
  - ◆ The implant could break while it is being taken out.
  - ◆ A second cut might be needed to take out the implant.
  - ◆ A second visit might be needed to take out the implant.

- ◆ I have been told that I can go back to my normal activities right after the implant has been taken out.
- ◆ I have been told that I should try not to bump the place where the implant was taken out.
- ◆ I have been told that bandages will be put over the place where the implant was taken out. I should keep the large bandage on for a day or two and the little bandage strip on for 3 days. I should keep that area dry for all 3 days.
- ◆ My Family PACT provider has answered all my questions.

Based on the information given to me, I have freely chosen to have my provider take the implant out at this time.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_