

CONSENT FOR NO STORK, LLC TO PERFORM NO NEEDLE NO SCALPEL VASECTOMY

Please read and initial each statement:

____ I understand that vasectomy is a method for permanent birth control, meaning it will forever prevent me from having children. Vasectomy reversal procedures often fail to restore fertility and are very expensive.

____ I understand that no-needle anesthesia is administered prior to making an opening in the skin, and that local anesthesia may also be given with a needle if needed, to maximize procedural comfort.

____ I understand that to be sure my vasectomy has been successful in preventing pregnancy, I will submit a specimen for post vasectomy semen analysis (PVSA) via US Mail as instructed with the kit that will be mailed to me.

____ I understand that another form of birth control must be used until the PVSA has been confirmed to be negative.

____ I understand that a few men will not have successful clearing of their sperm, even after multiple tests over a six-month period. If this happens to me, I may need to have the vasectomy repeated or rely on another method of birth control. If I fail to clear, No Stork, LLC offers to repeat the vasectomy at no additional charge if I so desire.

____ I understand that if I do not get the semen analysis done, then I am taking an unnecessary risk of causing pregnancy in my partner.

____ I understand that there is a risk that one man in two thousand (<0.05%) might cause pregnancy in his partner during his lifetime once his semen analysis is negative after his vasectomy, and that it is reasonable for me to rely on vasectomy alone for birth control for the rest of my life once my PVSA is negative, despite this risk.

____ I understand that risks associated with vasectomy include but are not limited to. bleeding, swelling, infection, and significant pain, and occur less than 1% of the time. Treatment of complications is not included in the cost of the vasectomy.

____ I understand that I should rest for 18 to 24 hours after the procedure, and I will closely follow the post vasectomy instructions given to me. I should also avoid sexual activity for at least three days.

____ I understand that other complications occur less than 0.5% such as Chronic Scrotal Pain Syndrome which can be caused by sperm granuloma (scar tissue at the end of the cut tube), long term congestion of the epididymis, and other known or unknown causes. Treatment of Chronic Scrotal Pain Syndrome is not included in the cost of the vasectomy.

____ I understand that sometimes a vasectomy is not able to be completed due to variations in anatomy, scarring from prior surgery, or other reasons. The vasectomy attempt may need to be abandoned if it is in my best interest to do so, and I will need to rely on another form of birth control if that happens.

____ I understand that rarely it is possible for a man to get lightheaded or pass out, even several minutes after a vasectomy. This is especially true in men who have a history of passing out or getting lightheaded in past medical situations. I have been informed that being driven home is the safest alternative. If I choose to drive myself, I accept all responsibility if an accident occurs.

____ I authorize No Stork, LLC to send correspondence to my family doctor and/or my spouse's doctor concerning my vasectomy.

____ I will have the opportunity to ask questions regarding vasectomy for permanent birth control just prior to having it done and I can change my mind at any time prior to the procedure. I have watched the consult video and have reviewed the content on the www.nostork.com website. I wish to proceed with No Needle No Scalpel Vasectomy by No Stork, LLC.

Signature _____
_ (03/07/2023)

Date _____