

**CONSENT FOR REMOVAL OF SUBDERMAL CONTRACEPTIVE IMPLANT
(OR USE MANUFACTURERS CONSENT FORM)**

I, (print or type name) _____, request subdermal contraceptive implant (IMPLANON®/NEXPLANON®) as my family planning method.

I have asked to have the contraceptive/rod (IMPLANON®/NEXPLANON®) taken out of my arm.

I am aware that when the implant is taken out, its contraceptive effects will not continue, so if I don't want to get pregnant after Nexplanon / Implanon is taken out, I can have a new implant put in or choose a different method of birth control today.

I understand that it could take up to 30 minutes to take out Nexplanon / Implanon or longer if there are difficulties.

To remove the rod, the skin over the implant will be cleaned and numbed with a local numbing medicine (local anesthetic). A small cut will be made close to the tip of the implant so that it can be removed. I am aware that I might feel some discomfort during this procedure. Once the rod is removed, I may experience bruising and soreness at the incision site for several days.

I understand that removal of the implant is usually a simple, uncomplicated office procedure, but sometimes certain problems can be related to the insertion or removal of the implant including:

- Pain, irritation, swelling, or bruising at the insertion/removal site on the arm
- An allergic reaction to the cleansing solution or to the anesthetic (numbing medication)
- Thick scar tissue around the implant making it difficult to remove
- Breaking of the implant
- Need for a second cut to remove the implant
- Need for a second visit to remove the implant
- Infection at the insertion/removal site
- Need for hospitalization to remove the implant (the cost is your responsibility)
- If I have trouble finding a healthcare provider to remove IMPLANON®/NEXPLANON®, I can call **1-877- IMPLANON® (1-877-467-5266)** for help.

I understand that on rare occasions, the implant cannot be found when it is time to remove it and that additional procedures such as hospital surgery may be necessary. If the implant cannot be found, its contraceptive effects may continue.

I understand that it is important to notify my health care provider immediately if I experience bleeding, redness or pus from the incision site.

I have had a chance to ask questions and have had my questions answered.

Date: _____ Client Signature: _____

Please complete the following if interpretation of informed consent was required:

- An interpreter was offered to the client. Yes No

- This form has been read to the client in the client's spoken language. Yes No
- Patient's Language (specify): _____
- Interpreter Name: _____
(print or type name of interpreter)
- Interpreter Services provided by (agency): _____
- Date: _____ Interpreter Signature: _____

Staff Use only:

By my signature I affirm that:

- The client has read this form or had it read to her by an interpreter.
- The client states that she understands this information.
- The client has indicated that she has no further questions.

Date: _____ Staff Signature: _____