

ADDENDUM TO INFORMED CONSENT - VARICOCELE REPAIR

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

SYNOPSIS OF MATERIAL RISKS THAT MUST BE SPECIFIED IN AN INFORMED CONSENT, AS PRESCRIBED BY LOUISIANA LAW UROLOGY

Material risks associated with the medical treatment, surgical procedure, or other therapy described as required by the Louisiana Medical Disclosure Panel.

Vasectomy

- Bleeding;
- Infection;
- Testicular swelling or pain/possible loss of testicular function;
- Spermatic granuloma (nodule in cord at site of surgery);
- Recanalization ("reconnection" of vas tube resulting in becoming fertile again).

Other Material Risks:						

Printed Name of Physician:	Physician's Signature:	Date MM/DD/YY		Time 00:00 AM/PM		
	X	1	1	:		
Printed Name of Patient or Authorized Representative:	Patient or Authorized Representative's Signature:	Date MN	/DD/YY	Time 00:00 AM/PM		
	X	/	1	:		
Relationship to patient (if other than patient):						
Printed Name of Witness:	Witness's Signature:	Date MM/DD/YY		Time 00:00 AM/PM		
	X	1	1	:		

