



830 Oak Street, Suite 201W
Brockton, MA 02301
(508) 583-4961
Fax (508) 583-4732
Soheil.Hanjani@Steward.org
www.Hanjani MD.com

NEXPLANON CONSENT FORM

Patient Name _____

I understand that there are many birth control methods and that each has its own benefits, risks and potential side effects. The insertion of NEXPLANON requires a minor surgical procedure performed by a my doctor who is trained on the use of this product. Like all surgical procedures, the outcomes are best with healthcare providers who are experienced.

By completing this Patient Consent Form, I am consenting to the insertion of NEXPLANON and acknowledging that I have read and understand the following points and made an informed and careful decision to use NEXPLANON.

- NEXPLANON is an implant that releases a hormone (etonogestrel) to prevent pregnancy. It is inserted during a surgical procedure and it can be used for up to three years.
- NEXPLANON helps to keep me from getting pregnant but does not protect me against HIV infection (the virus that causes AIDS) or other sexually transmitted diseases.
- No contraceptive method is 100% effective, including NEXPLANON.
- It is important to have the NEXPLANON implant placed in my arm at the right time of my menstrual cycle in order to prevent pregnancy.
- NEXPLANON is placed just under my skin on the inside of my upper arm during a procedure done in the office. There is a slight risk of getting a scar or an infection from this procedure.
- NEXPLANON should not be deeply inserted. An implant that is inserted deeply may have been placed in muscle tissue or, in rare instances, a blood vessel. A deep insertion may cause the implant to move beyond the implant site.
- After NEXPLANON is placed in my arm, both I and my doctor should check that it is in place by gently pressing my fingertips over the skin where the implant was placed. I should be able to feel both ends of the implant. If I cannot feel the implant, it may not have been inserted or it may have been inserted deeply. In this case, I need to use a non-hormonal birth control method (such as condoms or barrier methods) until my doctor confirms the implant is in place. I may need special tests to check that the implant is in place. Once my healthcare provider has located the implant, removal may be recommended if it is not located just under my skin.
- Incomplete insertions or infections may cause NEXPLANON to come partially or entirely out of my arm.
- Most women have changes in their menstrual bleeding patterns while using NEXPLANON. My bleeding may be irregular, lighter or heavier, or my bleeding may completely stop. This is safe. If I think I am pregnant, I should contact my doctor as soon as possible.
- NEXPLANON must be removed at the end of three years, but it can be removed earlier if I want. I may become pregnant as early as the first week after removal of the implant.
- If I have trouble finding a healthcare provider to remove the implant, I can call 1-877-467-5266 for help.
- Removal is usually a minor procedure. If NEXPLANON was inserted deeply, the removal may be more difficult or, in rare cases, impossible. Special procedures, including imaging methods to locate the implant and surgery in the hospital, may be needed in very rare circumstances. Difficult removals may cause pain and scarring and may result in injury to nerves and blood vessels. If the implant is not removed, its effects will likely continue.
- I have read and understand all of the information in the Patient Labeling for NEXPLANON, including the risks of using NEXPLANON, possible side effects, and warning signs of medical problems. Any questions I have about the information in the Patient Labeling and about using NEXPLANON have been answered by my doctor.
- I should tell all my healthcare providers that I am using NEXPLANON.
- I need to have a medical checkup regularly and at any time I am having problems.

After learning about NEXPLANON, I choose to use NEXPLANON.

Patient Signature _____ Date _____

Healthcare Provider Signature _____