I authorize the provider at (***insert Agency Name***) to perform the following procedure (circle):

**Implant Insertion** **Implant Removal Implant Replacement** (removal and then new implant insertion)

I am allergic to: 🞎 betadine 🞎 lidocaine 🞎 Band-Aids/tape

I understand that (mark correct box(es) below):

🞎 This is an office procedure to ***PLACE*** the contraceptive implant under the skin of my upper arm;

*AND/OR*

🞎 This is an office procedure to ***REMOVE*** the contraceptive implant from under the skin of my upper arm.

**Implant Insertion**

🞎 I understand that a small area of skin on my upper arm will be cleaned with betadine. Then a numbing medicine (lidocaine) will be placed under the skin with a needle. When the area is numb, the implant will be placed just under the skin. The medical provider will hold pressure where it went in and then place a Band-Aid over the needle site. A wrap is then put around my upper arm to hold pressure so I don’t bruise or bleed as much.

🞎 I have read and signed the manufacturer’s consent form and understand the risks and benefits, side effects, danger signs and effectiveness of the implant. I know how to contact the clinic if I have any questions or problems, and what to do if I want to stop using the implant

🞎 Possible **risks** of the insertion procedure have been discussed with me and are listed below:

* + I might have a bruise or swelling where the implant was placed that might last 1-2 weeks.
  + I might have a small scar where the implant went in.
  + Infection of the skin is very rare---if I have warmth, redness, swelling, pain, or pus where the implant is, or fever, I need to come back to the clinic or go to another medical provider right away.
  + An allergic reaction to the medicine used to clean or numb the skin is rare.
* Home Care Instructions:
* Keep the area clean and dry for 2 days. If you bathe or shower, wrap plastic wrap (like Saran Wrap) over the upper arm and tape the ends to keep the area dry.
* Keep the wrap on for one day; then remove it.
* Keep the Band-Aid on for at least 3 days.
* Call the clinic if you have any worries or questions about the implant.
* I know there are other forms of hormonal birth control that I might be able to use (like sterilization, IUD, shot, ring, patch, or pills). I understand that I may have my implant removed at any time for any reason.
* This form has been fully explained to me, I have read it or have had it read to me, and I understand its content. I have had the chance to ask questions. All of my questions and concerns have been answered.

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**Date**  **Signature of Client/ Other Legally Responsible Person if Applicable**

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**Date**  **Signature of Provider Performing the Procedure**

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**Date**  **Signature of Interpreter**

**Implant Removal**

* I understand that a small area of skin at the tip of the implant will be cleaned with betadine. Then a numbing medicine (lidocaine) will be placed under the skin with a needle. When the area is numb, a small hole is made and the implant is pulled out. Sometimes it can take 15 minutes or so to remove if scar tissue has grown around the implant. If it cannot be removed, I understand that I will need to be sent to another clinic to have it removed and might need an ultrasound to help find and remove it.

🞎 Possible risks of removing the implant have been discussed with me:

* I might have a bruise or swelling where the implant was removed that might last 1-2 weeks.
* I may have a small scar where the implant was removed.
* When I have the implant removed, I could get pregnant right away. I need to use another method of birth control if I don’t want to get pregnant.
* Infection of the skin is very rare---if I have warmth, redness, swelling, pain, or pus where the implant was removed, or fever, I need to come back to the clinic or go to another medical provider right away.
* An allergic reaction to the medicine used to clean or numb the skin is rare.
* I know there are other forms of hormonal birth control that I can use when the implant is removed (like sterilization, IUD, shot, ring, patch, or pills).
* Home Care Instructions:
* Keep the area clean and dry for 2 days. If you bathe or shower, wrap plastic wrap (like Saran Wrap) over the upper arm and tape the ends to keep the area dry.
* Keep the wrap on for one day; then remove it.
* Keep the Band-Aide on for at least 3 days.
* Call the clinic if you have any worries or questions about the implant.

This form has been fully explained to me, I have read it or have had it read to me, and I understand its content. I have had the chance to ask questions. All of my questions and concerns have been answered.

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**Date**  **Signature of Client/ Other Legally Responsible Person if Applicable**

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**Date**  **Signature of Provider Performing the Procedure**

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**Date Signature of Interpreter**