



PATIENT CONSENT FORM

CONTRACEPTIVE IMPLANT (NEXPLANON®)

(progesterone only contraception)

Contraceptive implants are a highly effective method of preventing pregnancy (less than 1:1000 users become pregnant using this method).

Nexplanon® is effective for 3 years after insertion. After this time, it will need to be replaced or an alternative form of contraception will need to be used.

Implants have a variable effect on your periods after insertion. 50% of patients will have no bleeding or infrequent bleeding. 10% will have the implant removed because of too much spotting and bleeding.

Side effects: About 13 % have the implant removed due to hormonal side effect such as weight gain, acne, mood changes and sexual changes.

I am aware of the possible side effects and risks with Nexplanon®, including irregular spotting and bleeding, 0.1% chance of pregnancy. 1:1,000,000 chance of migration of the device potentially requiring surgical removal.

I understand that the implant should be changed in 3 years.

I hereby consent to the insertion of a contraceptive implant by Dr. _____

Date

Patient Signature

Witness Signature

Lot # _____