**Spring Gardens Health Centre**

**Consent for Removal of Subdermal Progestogen Contraceptive Implant**

**Name:**

**I hereby consent myself for removal of a subdermal contraceptive implant, the nature, effects and risks of which have been explained to me by:**

**Doctor…………………………………………………..**

**I understand that:**

1. **There is a small risk of infection and bleeding around the removal site.**
2. **Mild discomfort and bruising is normal after removal.**
3. **There is a risk of blood and nerve vessel damage.**
4. **Fertility will return to normal immediately after implant is removed.**
5. **I have no allergies to local anaesthesic or plasters.**

**Patient’s Signature:…………………………………………………**

**Doctor’s signature:………………………………………………… Date:………………………**