

**XXXXXX Health Center**  
Address  
Phone:

## IMPLANON CONSENT FORM

\_\_\_\_ I request an IMPLANON (progestin implant).

I understand the following:

\_\_\_\_ I will have a pregnancy test before the Implanon is inserted. If I had unprotected sex within the past 14 days, the pregnancy test may be negative even if an early pregnancy has begun.

\_\_\_\_ The Implanon protects against pregnancy for 3 years.

\_\_\_\_ The possible risks of Implanon include skin infection, scarring of the skin, bruising and swelling in the arm where it was placed

\_\_\_\_ I expect to have spotting and irregular bleeding. My periods may change. I may have more bleeding, less bleeding, or no bleeding during my periods.

\_\_\_\_ The Implanon does not protect against STDs. I should use latex condoms to protect myself against STDs.

\_\_\_\_ I may check for the Implanon by feeling for the rod under my skin. I will come into the office if I can't feel the rod.

\_\_\_\_ I have a sheet that explains what to expect after Implanon placement.

\_\_\_\_ I consent that \_\_\_\_\_ insert the Implanon for me.

**Signature of patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of provider:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_