

Subdermal Contraceptive Implant (Nexplanon®) Consent Form

____ I request an insertion of subdermal contraceptive implant (progestin implant, Nexplanon®).

I understand the following:

____ I will have a pregnancy test before the implant is inserted. If I had unprotected sex before my last period, the pregnancy test may be negative even if an early pregnancy has begun.

____ The implant protects against pregnancy for up to 5 years.

____ The possible risks of the subdermal contraceptive implant include skin infection, scarring of the skin, bruising and swelling in the arm where it was placed.

____ I expect to have spotting and bleeding that is hard to predict. My periods may also change. If they do, I may have more or less bleeding. At some point while I have the implant, I may completely stop having periods. None of these changes are dangerous to my health. These bleeding changes may last until I have the implant removed.

____ The implant does not protect against sexually transmitted infections. If I am looking for protection against sexually transmitted infections, I should use external or internal condoms.

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

____ I have been given an information sheet that explains what to expect after implant placement.

____ I consent that _____ insert the implant for me.

Signature of patient: _____

Date: _____

Signature of clinician: _____

Date: _____