



Consent for NEXPLANON

To the patient : You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I understand the patient labeling for NEXPLANON. I have discussed NEXPLANON with my healthcare provider who answered all my questions. I understand that there are benefits as well as risks from using NEXPLANON. I understand that there are other birth control methods and that each has its own benefits and risks. I also understand that this patient consent form is important. I understand that I need to sign this form to show that I am making an informed and careful decision to use NEXPLANON, and that I have read and understand the following points:

- NEXPLANON helps to keep me from getting pregnant.
- No contraceptive method is 100% effective, including NEXPLANON.
- NEXPLANON is made of a hormone mixed in a plastic rod.
- It is important to have NEXPLANON inserted at the right time of my menstrual cycle.
- NEXPLANON must be removed at the end of three years. NEXPLANON can be removed sooner if I want.
- If I have trouble finding a healthcare provider to remove NEXPLANON, I can call 1-877-467-5266 for help.
- NEXPLANON is placed under the skin of my arm during a procedure done in my healthcare provider's office. There is a slight risk of getting a scar, the implant migrating, or an infection from this procedure.
- Removal is usually a small office procedure. However, removal may be difficult. Rarely, NEXPLANON cannot be found when it is time to remove it. Special procedures, including surgery in the hospital, may be needed. Difficult removals may cause pain and scarring. If NEXPLANON cannot be found, its effects may continue.
- **Most women have changes in their menstrual bleeding while using NEXPLANON. I also will likely have changes in my menstrual bleeding while using NEXPLANON. My bleeding may be irregular, lighter or heavier, or my bleeding may completely stop. If I think I am pregnant, I should see my healthcare provider as soon as possible.**
- I understand the warning signs for problems with NEXPLANON. I should tell all my healthcare providers that I am using NEXPLANON.
- I need to have a medical checkup regularly and at any time I am having problems.
- NEXPLANON does not protect me from HIV infection (AIDS) or any other sexually transmitted disease.
- **After NEXPLANON is inserted, I should check that it is in place by gently pressing my fingertips over the skin in my arm where NEXPLANON was inserted. I should be able to feel the small rod.**

After learning about NEXPLANON, I choose to use NEXPLANON.

Signature of Patient or Legal Representative

Date

DOB

The patient above has signed this consent in my presence after I counseled her and answered her questions.

Printed Name and Signature of Witness

Date

Name of Healthcare Provider Explaining Procedure

Date

I have provided an accurate translation of this information to the patient whose signature appears above. She has stated that she understands the information and has had an opportunity to have her questions answered.

Signature of Translator

Date

NEXPLANON STICKER