



Subdermal Contraceptive (Nexplanon®) Removal Consent Form

Removal is usually a minor procedure.

If Nexplanon was inserted deeply, the removal may be more difficult. In some rare cases, special procedures, including imaging methods to locate the implant and surgery in the hospital, may be needed.

Difficult removals may cause pain and scarring and may result in injury to nerves and blood vessels. If the implant is not removed, its effects will likely continue.

I have reviewed and understand all of the above information. I understand that I may have the ability to become pregnant immediately after Nexplanon removal if another birth control method is not started. I understand that this procedure requires the administration of local anesthesia and that an unpredictable reaction to local anesthesia can occur. I have been given the opportunity to ask questions and have had them answered to my satisfaction.

After reviewing the above information, I hereby authorize and direct my clinician to remove the Nexplanon contraceptive implant.

Patient signature: _____

Date: _____

Clinician signature: _____

Date: _____

[Patient sticker here]