Consent Form for Essure® Procedure

____ I understand that the Essure permanent birth control procedure has been clinically tested for four years and shown to be 99.8% effective in preventing pregnancy during that time period.

____ I understand that the Essure procedure involves placing a micro-insert (small, flexible coil) into each fallopian tube which over time causes the tubes to close, thereby preventing pregnancy.

____ I understand that to be sure the Essure micro-insert has worked to close off my fallopian tubes and that I can rely on the Essure procedure for my birth control, an Essure Confirmation Test (hysterosalpingogram (HSG)) must be performed three months following the procedure. During this test, a special fluid (dye) and x-ray will be used to show that my fallopian tubes are occluded and that the micro-inserts are in the correct location.

____ I understand that until the Essure Confirmation Test (HSG) has confirmed my tubes are closed another form of birth control must be used.

____ I understand that some women may not have successful placement of both Essure micro-inserts, and should this occur I should seek the advice of my physician.

____ I understand that should I become pregnant, I should immediately seek medical care for evaluation of the pregnancy.

____ I understand that the Essure procedure is considered to be permanent and cannot be reversed.

____ I understand that the other risks associated with placement of the Essure device include, but are not limited to: bleeding, infection, perforation, and pain similar to menstrual cramping.

____ I understand that Essure does not protect against sexually transmitted diseases and that barrier methods such as condoms should be used for protection against sexually transmitted diseases.

____ I have received the patient information booklet.

____ I have had the opportunity to ask questions regarding the Essure permanent birth control procedure and wish to proceed with the placement of the Essure devices.

____ I am not allergic to nickel or contrast media (dye).

__________________________________  __________________________  __________________________
Signature                          Date                          Witness                          Date

Conceptus, Inc. is providing the information in this binder to you for informational and educational purposes only. Conceptus, Inc. makes no representations about the suitability of the information contained in this binder for your particular clinical purposes. You are encouraged to tailor any of the forms or protocols in this binder or replace them with those that are best suited, in your clinical judgment, for your practice and patients. You are solely responsible for ensuring that you and your staff have been properly trained in all aspects of providing the Essure procedure to your patients in the office setting, including administering appropriate anesthesia.

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