



Moore for Women Healthcare & Wellness
Monica A. Moore, MD

41 East 8th Street
Chicago, IL 60611
Phone: 312-212-9000 Fax: 312-212-9003

CONSENT FOR PROCEDURE

Date: _____

Time: _____

1. I authorize the performance upon, _____ the following procedure:

Essure Procedure For Sterilization

2. I authorize Monica A. Moore, M.D., and whomever is designated as the assistants, to perform the above-mentioned procedure.
3. If any unforeseen conditions arise during this procedure calling for additional procedures, operations or medication (including anesthesia and blood transfusion), I further request and authorize that the doctor to do whatever he/she deems advisable in my interest.
4. I consent to taking and reproduction of any photographs in the course of this procedure for professional purposes.
5. I have been informed by my doctor of the nature and purpose of this procedure and sedations, possible alternative methods of treatment, risk involved and possible complications.

Signature Date

Witness Date

Patient Name DOB

Witness Name