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Depo-Provera Consent

I have asked for and received information about contraception from Zweibach Women's Health. I was told about the temporary and permanent methods of birth control. I have received and reviewed information on Depo-Provera, and have chosen to use Depo-Provera. When I received this information, I was told that the decision to accept this type of birth control was completely up to me. The discomforts, benefits, and risks with this method of birth control have been explained to me. I have received the Depo-Provera Information sheet.

All of my questions have been answered to my satisfaction.

- I was told that I may discontinue receiving Depo-Provera injections at any time, if I wish.
- I understand that this drug is a very safe method of birth control.
- I understand that there may be soreness for a day or two after each injection.
- I understand that for this to be a dependable method of birth control, I must return for the injection every 12 weeks.
- I understand that when I stop receiving the injections it may take from several months to two years to get pregnant.
- I understand that most women who use Depo-Provera have changes in their menstrual periods.
- I understand that I may experience more bleeding, spotting, or no menstrual period while using Depo-Provera.

I, _____, consent to receiving Depo-Provera injections.

(Patient Name)

Patient Signature

Date

Witness

Date