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STERILIZATION BY LAPAROSCOPY

My signature on this form acknowledges the fact that I have received the pamphlet entitled "Sterilization by Laparoscopy" published by the American College of Obstetricians and Gynecologists. I understand and have discussed the risks, benefits and alternatives regarding this surgery with my physician. I know pregnancy occurs in approximately 0.5% of women sterilized by laparoscopy.

Signature

Printed Name

Address

Date