IMPLANON®

(etonogestrel implant)

68 mg **For Subdermal Use Only**

PATIENT CONSENT FORM

I understand the Patient Labeling for IMPLANON®. I have discussed IMPLANON with my healthcare provider who answered all my questions. I understand that there are benefits as well as risks from using IMPLANON. I understand that there are other birth control methods and that each has its own benefits and risks.

I also understand that this Patient Consent Form is important. I understand that I need to sign this form to show that I am making an informed and careful decision to use IMPLANON, and that I have read and understand the following points.

- IMPLANON helps to keep me from getting pregnant.
- No contraceptive method is 100% effective, including IMPLANON.
- IMPLANON is made of a hormone mixed in a plastic rod.
- It is important to have IMPLANON inserted at the right time of my menstrual cycle.
- **After IMPLANON is inserted, I should check that it is in place by gently pressing my fingertips over the skin in my arm where IMPLANON was inserted. I should be able to feel the small rod.**
- IMPLANON must be removed at the end of 3 years. IMPLANON can be removed sooner if I want.
- If I have trouble finding a healthcare provider to remove IMPLANON, I can call (877) 467-5266 for help.
- IMPLANON is placed under the skin of my arm during a procedure done in my healthcare provider's office. There is a slight risk of getting a scar or an infection from this procedure.
- Removal is usually a small office procedure. However, removal may be difficult. Rarely, IMPLANON cannot be found when it is time to remove it. Special procedures, including surgery in the hospital, may be needed. Difficult removals may cause pain and scarring and may result in damage to nerves and blood vessels. If IMPLANON cannot be found, its effects may continue.

- **Most women have changes in their menstrual bleeding while using IMPLANON. I also will likely have changes in my menstrual bleeding while using IMPLANON. My bleeding may be irregular, lighter or heavier, or my bleeding may completely stop. If I think I am pregnant, I should see my healthcare provider as soon as possible**.
- I understand the warning signs for problems with IMPLANON. I should seek medical attention if any warning signs appear.
- I should tell all my healthcare providers that I am using IMPLANON.
- I need to have a medical checkup regularly and at any time I am having problems.
- IMPLANON does not protect me from HIV infection (AIDS) or any other sexually transmitted disease.

After learning about IMPLANON, I choose to use IMPLANON.

_____
(Name of Healthcare Provider)

_____ _____
(Patient Signature) (Date)

WITNESSED BY:

The patient above has signed this consent in my presence after I counseled her and answered her questions.

_____ _____
(Healthcare Provider Signature) (Date)

I have provided an accurate translation of this information to the patient whose signature appears above. She has stated that she understands the information and has had an opportunity to have her questions answered.

_____ _____
(Signature of Translator) (Date)

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Manufactured by: N.V. Organon, Oss, The Netherlands, a subsidiary of **Merck & Co., Inc.**, Whitehouse Station, NJ 08889, USA

For patent information: www.merck.com/product/patent/home.html

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