NEXPLANON® (etonogestrel implant)
Radiopaque
Subdermal Use Only

PATIENT CONSENT FORM

I understand that there are many birth control methods and that each has its own benefits, risks and potential side effects. The insertion of NEXPLANON requires a surgical procedure performed by a healthcare provider who is trained on the use of this product. Like all surgical procedures, the outcomes are best with healthcare providers who are experienced.

By completing this Patient Consent Form, I am consenting to the insertion of NEXPLANON and acknowledging that I have read and understand the following points and made an informed and careful decision to use NEXPLANON.

- NEXPLANON is an implant that releases a hormone (etonogestrel) to prevent pregnancy. It is inserted during a surgical procedure and it can be used for up to three years.
- NEXPLANON helps to keep me from getting pregnant but does not protect me against HIV infection (the virus that causes AIDS) or other sexually transmitted diseases.
- No contraceptive method is 100% effective, including NEXPLANON.
- It is important to have the NEXPLANON implant placed in my arm at the right time of my menstrual cycle in order to prevent pregnancy.
- NEXPLANON is placed just under my skin on the inside of my upper 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.
- NEXPLANON should not be deeply inserted. An implant that is inserted deeply may have been placed in muscle tissue or, in rare instances, a blood vessel. A deep insertion may cause the implant to move beyond the implant site.
- After NEXPLANON is placed in my arm, both my healthcare provider and I should check that it is in place by gently pressing my fingertips over the skin where the implant was placed. I should be able to feel both ends of the implant. If I cannot feel the implant, it may not have been inserted or it may have been inserted deeply. In this case, I need to use a non-hormonal birth control method (such as condoms or barrier methods) until my healthcare provider confirms the implant is in place. I may need special tests to check that the implant is in place. Once my healthcare provider has located the implant, it should be removed.
- Incomplete insertions or infections may cause NEXPLANON to come partially or entirely out of my arm.
- Most women have changes in their menstrual bleeding patterns while using NEXPLANON. I also will likely have changes in my menstrual bleeding pattern while using NEXPLANON. My bleeding may be irregular, lighter or heavier, or my bleeding may completely stop. If I think I am pregnant, I should contact my healthcare provider as soon as possible.
- NEXPLANON must be removed at the end of three years, but it can be removed earlier if I want. I may become pregnant as early as the first week after removal of the implant.
- Removal is usually a minor procedure. If NEXPLANON was inserted deeply, the removal may be more difficult or, in rare cases, impossible. Special procedures, including imaging methods to locate the implant and surgery in the hospital, may be needed. Difficult removals may cause pain and scarring and may result in injury to nerves and blood vessels. If the implant is not removed, its effects will likely continue.
- I have read and understand all of the information in the Patient Labeling for NEXPLANON, including the risks of using NEXPLANON, possible side effects, and warning signs of medical problems. Any questions I have about the information in the Patient Labeling and about using NEXPLANON have been answered by my healthcare provider.
- I should tell all my healthcare providers that I am using NEXPLANON.
- I need to have a medical checkup regularly and at any time I am having problems.
- For additional information and full prescribing information, please call toll free 1-877-467-5266 or log on to www.NEXPLANON-USA.com.

After learning about NEXPLANON, I choose to use NEXPLANON.

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(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)

Manufactured for: Merck Sharp & Dohme Corp., a subsidiary of
MERCK & CO., INC., Whitehouse Station, NJ 08889, USA

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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