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Hysterectomy Consent Form

The Department of Health Services of the State of California requires that a woman must sign a special consent form if she is to have a hysterectomy for any reason other than primary sterilization. This is regardless of the age of the woman, the reason for the operation, or the fact that she may have been previously sterilized.

This is to certify, that I, _____ have
(Name of Patient)

been advised that the hysterectomy, which will be performed on me, will render me permanently sterile and incapable of having children. I have been informed of my rights to consultation by a second physician prior to having this operation.

I have received a copy of this form.

Patient's Signature _____ Date _____

Physician's Signature _____ Date _____