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## Proof of Procedure (September 2017: Binding)

Name: \_\_\_\_\_

Mailing  
address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

### Client release and waiver (sign on provided line)

I give my permission to release the information regarding the service I received to Project Prevention. I am over the age of 18, and have been referred and advised to obtain independent legal and medical advice and counsel in advance of executing this document, and I have either obtained such advice or have knowingly and voluntarily waived such advice. I make this decision knowingly and without coercion from Project Prevention or its employees.

Your  
signature \_\_\_\_\_ date \_\_\_\_\_

Date of your procedure: \_\_\_\_\_

Procedure obtained:  Tubal ligation  Essure  IUD  nexplanon  vasecomy

Provider/ Doctor

Name: \_\_\_\_\_

Doctor Phone #: \_\_\_\_\_ Doctor fax#: \_\_\_\_\_

address \_\_\_\_\_

Doctor

Signature: \_\_\_\_\_

4382 Winterwood Ln  
Harrisburg NC 28075