

**NEXPLANON® (etonogestrel implant)**  
**Radiopaque**  
**Subdermal Use Only**

**PATIENT CONSENT FORM**

I understand the Patient Labeling for NEXPLANON®. I have discussed NEXPLANON with my healthcare provider who answered all my questions. I understand that there are benefits as well as risks with using NEXPLANON. 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 NEXPLANON, and that I have read and understand the following points.

- NEXPLANON helps to keep me from getting pregnant.
- No contraceptive method is 100% effective, including NEXPLANON.
- NEXPLANON has an implant that contains a hormone.
- It is important to have the NEXPLANON implant **placed in my arm** at the right time of my menstrual cycle.
- **After the implant is placed in my arm, 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 the implant.**
- The implant must be removed at the end of three years. The implant can be removed sooner if I want.
- If I have trouble finding a healthcare provider to remove the implant, I can call 1-877-467-5266 for help.
- The implant 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 minor procedure. Sometimes, removal may be more difficult. Special procedures, including 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 may continue.
- **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.**
- I understand the warning signs for problems with NEXPLANON. I should seek medical attention if any warning signs appear.
- 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.
- NEXPLANON does not protect me from HIV infection (AIDS) or any other sexually transmitted diseases.

After learning about NEXPLANON, I choose to use NEXPLANON.

\_\_\_\_\_  
(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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