

Date _____ Name _____

VASECTOMY

1. Age: Patient _____ Wife _____
2. Number of children and ages _____
3. Reason for permanent birth control _____
4. Allergies to medication _____
5. Pertinent groin or scrotal surgeries _____
6. Medical illness _____
7. Vasectomy brochure? YES NO

PLEASE DO NOT WRITE BELOW THIS LINE-FOR DOCTOR USE ONLY

OPERATIVE NOTE

1. Anesthetic: 1% Lidocaine or _____
2. Segments sent to Pathology _____
3. Technique
 - a) Ligation: 3-0 Silks or Clips
 - b) Cauterization: YES NO
 - c) Proximal end in sheath
(4-0 chromic) YES NO
4. Complications: NO
YES _____

Physician's signature _____

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