Date \_\_\_/\_\_\_/\_\_\_\_\_

To:

Dr Simon Wilson Direct Access Vasectomy

232 Plenty Road Street Preston Victoria 3072

Tel 9480 0844

Fax 9445 9011

info@directaccessvasectomy.com

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DoB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for consulting this patient around their desire for vasectomy. Clinical details as below:

Occupation?

Past Medical history, anticoagulation?

Pregnancies/children?

Fainting? Lignocaine reaction

Allergies?

Hx groin/testes surgery?

Yours Sincerely

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp

Thank you for your referral, a update letter will be sent post procedure and follow up, the patient returned to your care