

Patient - Healthcare Provider Acknowledgement Form

PATIENT NAME _____ DOB____

medications with this symbol may requi		*COUMADIN	FENOPROFEN	NUI	NUPRIN			
ALEVE ALKA SELTZER ASPIRIN ANACIN ANAPROX ASCRIPTIN ASPERGUM BAVER	CKA CLTZER CAMA ARTHRITIS PAIN RELIEVER NACIN CLINORIL NAPROX CONGESPRIN CCRIPTIN CHEWABLE TABLETS FOREGUM CORICIDIN CORICIDIN-D *CLOPIDOGREL		DARVON DISALCID DOAN'S DRISTAN DURAGESIC ECOTRIN EMPIRIN EXCEDRIN FELDENE	FISH OIL FLORINAL IBUPROFEN INDOCIN LODINE LOVENOX MIDOL MOTRIN NAPROSYN	PAM PHI *PL PRO ROI VIT *WA	NYQUIL PAMPRIN PHENTERMINE *PLAVIX PROPOXYPHEN ROBAXISAL VITAMIN E *WARFARIN ZORPHIN		
BC POWDER OR TABLETS				NORGESIC	201			
rocedures th	at require the	e discontinu	ation of these	medications in	nclude	:		
ACCULOBE/ CALYPSO MARKERS	PROSTATE BIOPSY	TESTOPEL	VANTAS	VASECTOMY	BCG	UDS	CYST	
			OR AS DIR					
 Patient 	s may take T EDURE ONL		lebrex up to a	i lew hours be	iore in		Trici	
Patient PROCI our signature is ind/or concerns	EDURE ONL s required indic please call our	eating you hav	e received exan	nple list of medic	cation.	For any	question	
• Patient PROCI our signature is id/or concerns Prescription *Prescription dditional prescription	s required indic please call our Medication Lis	eating you have office. St Description Procedure and to be take	e received exame Description Re	nple list of medic	cation. I	For any applical	question ble) ove.	
• Patient PROCI our signature is nd/or concerns Prescription *Prescription dditional pre rocedure.**	s required indic please call our Medication Lis	eating you have office. St Description Procedure ed to be take ill not be dis	e received exame Description Reen prior to or bursed due to	nple list of medic eviewed with Par day of proced	cation. I tient (if ures lis	For any applicated about applicated about applications and applications are applicated as a second applications and applications are applicated as a second application and applications are a second applications are applicated as a second application and applicated as a second application and applications are a second as a second application and a second applications are a second as a second application and a second application are a second as a second application and a second application are a second application and a second application and a second application are a se	question ble) ove. tion of	

VASECTOMY INSTRUCTIONS

BEFORE

- ON THE DAY OF YOUR PROCEDURE YOU MUST HAVE A DRIVER.
- IF YOU ARE TAKING ANY OF THE MEDICATIONS ON THE BLOOD THINNERS SHEET (SEE ATTACHED), STOP THEM 7-10 DAYS PRIOR TO YOUR PROCEDURE.
- TAKE YOUR ANTIBIOTICS (1ST DOSE 2 HOURS BEFORE THE VASECTOMY).
- TAKE YOUR VALIUM 1 HOUR BEFORE WITH FOOD.
- SHAVE THE FRONT OF THE SCROTUM THE NIGHT BEFORE OR THE MORNING OF THE VASECTOMY.
- YOU WILL NEED TO WEAR SNUG-FITTING UNDERWEAR THE DAY OF YOUR VASECTOMY.

AFTER

- TAKE IT EASY FOR THE REST OF THE DAY.
- APPLY ICE OR A BAG OF PEAS FOR 4 HOURS AFTER THE VASECTOMY.
- TAKE YOUR PAIN MEDICATION AND THE REST OF YOUR ANTIBIOTICS AS PRESCRIBED.
- YOU MAY NEED TO TAKE A STOOL SOFTNER TWICE A DAY TO AVOID CONSTIPATION FROM THE PAIN MEDICATION. (COLACE IS AN OVER THE COUNTER OPTION)
- YOU MAY SHOWER 24 HOURS AFTER THE VASECTOMY. (AVOID BATHS AND POOLS FOR 1 WEEK)
- NO HEAVY LIFTING FOR THREE TO FIVE DAYS.
- NO INTERCOURSE DURING THE FIRST WEEK.
- EJACULATE AT LEAST TWICE PER WEEK, STARTING ON WEEK #2.
- BRING A FRESH SPECIMEN INTO THE OFFICE ON WEEK #8.
- CONTINUE TO USE ANOTHER FORM OF BIRTH CONTROL UNTIL WE HAVE NOTIFED YOU OF YOUR SPECIMEN RESULTS.