VASECTOMY REFERRAL

Date: _____

Gentle Procedures Saskatoon
303 - 303 Wellman Lane,
Saskatoon, SK S7T 0J1
Fax: 306-955-2260

Gentle Procedures Regina
215 - 2075 Prince of Wales Drive,
Regina, SK S4V 3A3
Fax: 306-955-2260

Gentle Procedures Swift Current
201- 1921 Saskatchewan Drive,
Swift Current, SK S9H 0X6
Fax: 306-955-2260

Patient Name: _____

DOB: _____

Health Card Number #:

_____

Phone: _____

Email: _____

Physician Name: _____

Phone: _____

Fax: _____

Sask Health Billing Code:

_____

REFERRALS WILL BE RETURNED IF ABOVE INFORMATION IS MISSING IN WHOLE OR IN PART.

☐ Consult ☐ Consult and Procedure

Attn Dr. Mulla:

Please review the above-named patient for permanent sterilization by way of vasectomy. He is aware of other contraceptive alternatives. He has confirmed that he wishes to have no further biological children of his own.

Past Medical History

☐ Healthy
☐ Other conditions: _____

Medications

☐ None
☐ Prescription meds: _____

Allergies

☐ None
☐ Allergies: _____

Signature: _____ MD