

**MEDICAL RECORD**

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	1. Procedure: Bilateral elective vasectomy <span style="float: right;">Time operation began:</span>
	2. Indication: Mature male desires permanent sterilization <span style="float: right;">Time operation ended:</span>
	3. Consent: See counseling one; standard form 522 signed.
	4. Surgeon(s):
	5. Pre-medication:
	6. Anesthesia: 1% Lidocaine without epinephrine was injected ( ____ cc total) intradermally and around the vas deferens.
	7. Complications:
	8. EBL:
	9. Findings: <input type="checkbox"/> Normal vas deferens and perivas structures bilaterally. <input type="checkbox"/> Other:
	10. Specimen: Segments of right and left vas deferens <input type="checkbox"/> were <input type="checkbox"/> were not submitted for pathology exam.
	11. Technique: Patient was prepped and draped in sterile fashion for the procedure. Small skin incisions were made over the vas deferens which was then grasped with a ring clamp and retracted through the incision. The surrounding vascular and fascial structures were dissected from the vas deferens. A 1cm segment was excised and the cut ends were cannulated with medium tipped thermal cautery to approximately 1cm in depth and muscosal cautery was performed. The structures were replaced in the secotum. The skin was closed with a 4-0 Chromic, in mattress fashion. The procedure was repeated on the opposite side. Fluffy dressing and scrotal support were applied.
	12. Comments:
	13. Disposition: The patient tolerated the procedure well and was released with post-procedure instructions, including ____ hours <input type="checkbox"/> quarters <input type="checkbox"/> home rest with local ice and feet elevation and no heavy lifting or strenuous activity for two weeks. A profile <input type="checkbox"/> was <input type="checkbox"/> was not written. Instructions for method of semen collection and request for sperm count were given.
	14. Post-op follow up exam <input type="checkbox"/> is <input type="checkbox"/> is not scheduled.
	15. Additional comment:
	16. Patient verbalized understanding. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Provider's signature and stamp:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>	REGISTER NO.	WARD NO.
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