



Patient – Healthcare Provider Acknowledgement Form

PATIENT NAME _____ DOB _____

This list is an example of medications that should be discontinued, 5-10 days before your procedure, specified by one of our providers or staff. This is not a complete list, so if you are unsure about a certain medication, please make our staff aware.

**medications with this symbol may require clearance from your cardiologist*

| | | | | |
|-------------------------|---------------------|-----------|------------|-------------|
| ADVIL | BAYER | *COUMADIN | FENOPROFEN | NUPRIN |
| ALEVE | BC POWDER/TABLETS | DARVON | FISH OIL | NYQUIL |
| ALKA | BUFFERIN | DISALCID | FLORINAL | PAMPBRIN |
| SELTZER | CAMA ARTHRITIS PAIN | DOAN'S | IBUPROFEN | PHENTERMINE |
| ASPIRIN | RELIEVER | DRISTAN | INDOCIN | *PLAVIX |
| ANACIN | CLINORIL | DURAGESIC | LODINE | PROPOXYPHEN |
| ANAPROX | CONGESPRIN | ECOTRIN | LOVENOX | ROBAXISAL |
| ASCRIPTIN | CHEWABLE TABLETS | EMPIRIN | MIDOL | VITAMIN E |
| ASPERGUM | CORICIDIN | EXCEDRIN | MOTRIN | *WARFARIN |
| BAYER | CORICIDIN-D | FELDENE | NAPROSYN | ZORPHIN |
| BC POWDER OR TABLETS | *CLOPIDOGREL | | NORGESIC | |

Procedures that require the discontinuation of these medications include:

| | | | | | | | |
|---------------------------------|--------------------|----------|--------|-----------|-----|-----|-------|
| ACCULOBE/ CALYPSO MARKERS | PROSTATE BIOPSY | TESTOPEL | VANTAS | VASECTOMY | BCG | UDS | CYSTO |
|---------------------------------|--------------------|----------|--------|-----------|-----|-----|-------|

- Patients taking Coumadin may stop taking medications 5 days before any IN OFFICE PROCEDURES ONLY OR AS DIRECTED.
- Patients may take Tylenol or Celebrex up to a few hours before the IN OFFICE PROCEDURE ONLY.

Your signature is required indicating you have received example list of medication. For any questions and/or concerns please call our office.

Prescription Medication List Procedure Description Reviewed with Patient (if applicable)

****Prescriptions are provided to be taken prior to or day of procedures listed above. Additional prescriptions will not be disbursed due to the reschedule or cancellation of a procedure.****

Patient Signature _____ Date _____

Staff Signature _____ Date _____

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 NOTIFIED YOU OF YOUR SPECIMEN RESULTS.

