

VASECTOMY REQUEST FOR SURGERY

NOTE – Please complete form and either fax to Primary Care 337-531-3551 or hand carry to Primary Care 2nd Floor Family Medicine Clinic.

Requester's Name

Date of Birth

Rank

Unit

Phone Number

Work Number

Name

Address

City State Zip Code

Country

Date of Request

ETS or PCS Date

*This is an elective procedure and is done on a space available basis. You will be contacted with the next available appointment in the order in which your request was received; however, if we cannot reach you at the phone numbers listed above, you will not be scheduled for this procedure. If you have any questions please contact the clinic at 337-531-3600. The waiting time may vary from 2-3 months depending on the number of Providers available to perform the procedure.

Signature _____

Date