

SHOALS UROLOGICAL ASSOCIATES, P.C.

F. LARRY HOLCOMB, M.D. MICHAEL R. YORDY, M.D. MARK W. SMITH, M.D. KEVIN M. WALLS, M.D.

PRE-OPERATIVE INSTRUCTIONS FOR ELECTIVE STERILIZATION

- 1. Shave scrotal area and take a shower prior to your appointment.
- 2. Bring an athletic supporter (jock strap).
- 3. Wear loose fitting pants.
- 4. Do not take anything with Aspirin in it for seven (7) days prior to your procedure. Please let us know of any medications you are presently taking.
- 5. Make sure you have given your insurance information if you would like us to file it. If you do not have insurance full payment must be made at the time of your appointment.
- 6. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, WE REQUIRE YOU TO NOTIFY THE OFFICE IN ADVANCE. YOU WILL BE BILLED A FEE IF YOU DO NOT KEEP YOUR APPOINTMENT AND HAVE NOT CONTACTED US TO CANCEL. IF YOU NEED TO CANCEL OR RESCHEDULE, PLEASE ASK THE NAME OF THE PERSON YOU SPOKE WITH AT THE OFFICE.
- 7. There is a pathology fee for pathological examination of the vas deferens segment that is removed during the procedure. This is submitted to your insurance by the lab performing the test. If you do not have insurance, pathology will bill you if you choose to have them sent.

This pre-elective sterilization packet is to help inform you prior to your procedure. If you have any questions please do not hesitate to call us at the number(s) listed below.

THANK YOU FOR CHOOSING SHOALS UROLOGICAL ASSOCIATES, P. C. WE ARE HAPPY TO SERVE YOU.