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217 5th Ave NE, Altona MB R0G0B0, Tel: 204-324-6447, Fax: 204-324-5694

Self-Referral Form Vasectomy Service

Return to:
 Altona Clinic, 217 5th Ave NE, P.O. Box 999, Altona MB R0G0B0, Canada
 Fax: 1-204-324-5694

First Name:	Last Name:
Address	Home Phone:
	Mobile:
	Work:
For Canadian Residents: Provincial Health Insurance Information:	For non-Canadian residents / non-insured patients: Please call our office to enquire about fees.
Date of Birth:	Gender: Male Civil Status: M S W D
Medical History:	
Reason sterilization requested:	
No. of children Age of youngest child.....	
Other obstetric history:	
Current contraception used:	
First Name:	Last Name:



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Other contraception considered and details of any intolerance:

Please detail any previous testicular history, other operations and relevant history:

Current medications:

Known allergies:

Any other comments:

Is an interpreter required? No Yes What language?

Signature

Date: