

# Referral for Vasectomy

Referral date...../...../.....  
Referring clinician.....  
.....  
Address.....  
.....  
Postcode.....  
Tel No.....  
CCG Name.....

Patient's name.....  
DOB(dd/mm/yy)...../...../.....  
Address.....  
.....  
.....  
Postcode.....  
Tel No.....  
NHS No.....

Treatment will be funded by  NHS  Privately

Significant medical history .....  
.....  
.....  
.....

I (the referrer) confirm the patient has agreed that I may share their contact details with BPAS to arrange their ongoing care.

To the patient:

You are in safe hands.

We would like to assure you that you made a good decision in choosing BPAS. We are an experienced, confidential and caring organisation.

Visit : [www.bpas.org/more-services-information/vasectomy/](http://www.bpas.org/more-services-information/vasectomy/)