

# Request for vasectomy

In accordance with the provisions of the Act no. 373/2011 Coll. about specific health care services here by I am asking for vasectomy procedure - cutting the vas deferens for contraceptive reasons.

I am aware that this is an irreversible procedure to the male reproductive organs.

I note that prior to procedure, it is necessary to meet the conditions laid down by the law, ie. The client is 21 years old or older. The client has listened and heard from the doctor about the nature of the medical intervention and about its permanent consequences and potential risks.

Furthermore, I understand that the submission of information and granting of consent must be given at least 14 days prior to procedure. Written consent is given immediately before the commencement of the procedure.

The costs associated with this procedure are not covered by public health insurance.

Name: \_\_\_\_\_

Personal identification number: \_\_\_\_\_

Address: \_\_\_\_\_

The information about the nature of the medical intervention and its permanent consequences and potential risks was given on

date: \_\_\_\_\_

\_\_\_\_\_  
The applicant's signature

\_\_\_\_\_  
Doctor's signature

MUDr. Lukáš Bittner, FEBU, FECSM

MUDr. Jakub Řezáč, FEBU

MUDr. David Čapka

MUDr. Otakar Štanc, FEBU

MUDr. Kateřina Šrámková

# Questionnaire

Please fill out this form.

Client's Name: .....

- Do you have any **allergies**?      Yes       No       What?.....
- Are taking **blood thinners**?      Yes       No       What?.....
- Are you taking any **other**      Yes       No       What?.....  
**medications**?
- Have you ever undergone  
**surgery** on the **scrotum** or      Yes       No       What?.....  
**groin**?
- Have you ever had **urinary tract**  
**Infection**, inflammation of the      Yes       No       What?.....  
urethra or testicles?
- Have you had **local anesthesia**      Yes       No   
in the past?

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Client's Signature

Thank you for your cooperation.



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