## NO-SCALPEL VASECTOMY SERVICE NOW AVAILABLE AT FAMILY PLANNING NSW



We are pleased to advise that Family Planning NSW is now offering vasectomy services using the noscalpel technique under local anaesthesia. This service provides access to a safe effective method of permanent contraception and an additional contraceptive option.

The process involves 2 appointments:

- 1. Assessment during this visit the vasectomy procedure is explained, consent discussed and clinical examination performed to ensure that the patient is able to have the procedure safely performed under local anaesthesia.
- 2. Procedure during this visit consent is obtained and the consent form signed, the vasectomy procedure is performed and follow-up instructions are given for semen analysis in 12 weeks.

Patients can book for assessment without a referral by telephoning our clinics and asking for a vasectomy assessment appointment. Vasectomy is available at Family Planning NSW clinics in Newington (02 8752 4316), Hunter (02 8752 4316) and Dubbo (02 6885 1544).

If patients have any questions prior to their assessment visit, they can discuss them with our Talkline staff by phoning 1300 658 886.

## To refer a patient

- Complete the attached referral form ensure you include the patient's mobile number on the referral
- Fax to FPNSW Vasectomy Clinic at:

o Newington: 02 8752 4392 o Hunter: 02 49262029

o Dubbo: 02 6882 3666

All referrals are triaged and the patient will be called to confirm an appointment date that suits them.

## **About our service**

Our service offers a low gap fee for this procedure – patients will be \$175.00 out of pocket after receiving their Medicare rebate (total fee billed, including Medicare rebate, is approx. \$417.75).

Any referrals for vasectomy are undertaken in consultation with the referring GP and a letter is sent directly back to you with details of the procedure and any follow up the patient requires. We hope that you will consider using our service and look forward to working with you.

If you would like to receive our e-mail newsletters full of reproductive and sexual health information and service updates, please email social@fpnsw.org.au.

## REFERRAL TO FAMILY PLANNING NSW VASECTOMY CLINIC



Client Details	
Name:	
Address:	
Date of Birth:	Medicare number:
Telephone (M) (H)	(W)
Referring Clinician	
Name:	Position:
Practice address:	
Phone: (W)	_ (M)
Clinical History	
Reason for referral & date:	
Previous relevant medical or surgical history:	
Known allergies:	
Other relevant clinical information, medications:	
Referring Clinician Signature:	