



Arif H. Agha, MD

2425 West 22nd Street, Suite 201, Oak Brook, IL 60523
Phone: (800) 92-VASMD Fax: (800) 57-VASMD

REGISTRATION INFORMATION

(Vasectomy Reversal)

(PLEASE PRINT)

Date: _____ Home Phone _____ Work Phone _____ Cell _____

Patient's Name: _____
Last First MI

Street Address _____

City _____ State _____ Zip _____ Sex: M F Age _____

Birth Date: / / SS #: - - Height _____ Weight _____

Marital status: Single Married Divorced Widowed Separated

Occupation: _____ Employer: _____ Phone: _____

Spouse (or partner) Name: _____ Age: _____

Your Drug Store Name _____ Phone _____

Nearest hospital name and phone number : _____ () _____

In case of emergency, who should be notified? _____

Phone _____ Relationship to Patient _____

Previous Marital History

Date married _____ Date separated /divorced _____ No. of children from that marriage _____

Vasectomy History Date performed: _____

Any complications No Yes If yes, please describe _____

Do you have access to the operative report from the vasectomy? Yes No If yes, please obtain this report.

Recent marriage/relationship

Date of marriage: _____

Has your present wife/fiancée/other half had children in the past? Yes No

Has she been seen by a Gynecologist and have been reported to have normal genital tract for pregnancy? Yes No

Consent & Payment agreement

I the undersigned have read, understood and signed the consent form for vasectomy reversal. I have chosen Arif Agha, M.D. to perform this procedure. I understand that I have the right to choose any other surgeon and Dr. Agha has the right to refuse this elective procedure. I have been informed that Dr. Agha will not accept any insurance contracts for this particular procedure. I therefore agree to pay the full fee of \$5995.00 (in advance) independent of any insurance contractual obligations. Should I elect to claim reimbursement from my insurance carrier, I agree to accept whatever payment will be made by my insurance company and will not be entitled to any refunds from Dr. Agha. Additional facility charges may incur if insurance claim is filed. I also waive Dr. Agha from any dispute related to insurance matters arising from this contract. This contract will supersede any previous insurance contract between the insurance carrier/s, the provider and the member.