

Outpatient Bulkamid Proforma

Please complete or affix patient label

Hospital No:.....

Surname.....

Forenames.....

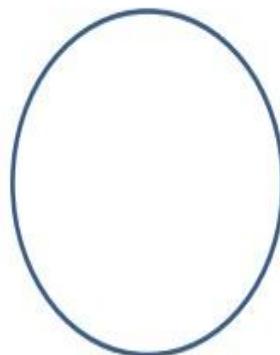
Date of Birth..... Age.....

Address.....

..... Postcode.....



Draw the cushions injected into the circle below, as if it were urethral lumen.



Additional Comments:

UPT: POS/NEG Batch No.....

Urine dipstick.....

Number of injection sites:

Percentage Coaptation :%
EBL :

Consultant name / Signature :

First Void :ml

PVR :ml

TWOC Successful Yes No

Discharge advice.....