
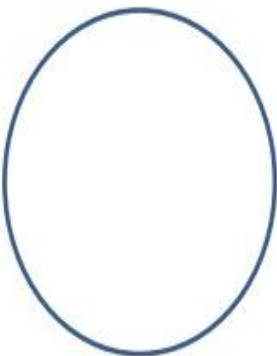


## Outpatient Bulkamid Proforma

<p>Please complete or affix patient label</p> <p><b>Hospital No:</b> .....</p> <p><b>Surname</b> .....</p> <p><b>Forenames</b> .....</p> <p><b>Date of Birth</b> ..... <b>Age</b> .....</p> <p><b>Address</b> .....</p> <p>..... <b>Postcode</b> .....</p>	
<p>Draw the cushions injected into the circle below, as if it were urethral lumen.</p> 	<p><b>Additional Comments:</b></p>   <p><b>UPT: POS/NEG</b> <b>Batch No</b> .....</p> <p><b>Urine dipstick</b> .....</p>
<p><b>Number of injection sites:</b> .....</p> <p><b>Percentage Coaptation :</b> .....%</p> <p><b>EBL :</b> .....</p> <p><b>Consultant name / Signature :</b> .....</p>	<p><b>First Void :</b> .....ml</p> <p><b>PVR :</b> .....ml</p> <p><b>TWOC Successful</b> Yes No</p> <p><b>Discharge advice</b> .....</p>