

SOAP/PROCEDURE NOTES

PATIENT INFORMATION

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Weight: _____

Blood Pressure: _____ Temperature: _____ Activity Level: _____

Symptoms/Notes:

PROCEDURE NOTE

This patient presents today for hormone pellets. The procedure, risks, benefits and alternatives were explained to the patient. Questions were answered and a consent form for the insertion of pellet implants was signed. The area was prepped with alcohol swabs. Local anesthetic was injected to anesthetize the area. A small incision was made using a #11 blade. The trocar with cannula was passed through the incision into the subcutaneous tissue. Sterile pellet(s) were inserted through the cannula into the subcutaneous tissue. Bleeding was minimal. Steri-strips were applied. A gauze and dressing were applied. The patient tolerated the procedure well. Post-insertion instructions were reviewed, and a copy was given to the patient.

Prep Solution:	Alcohol	Chloraprep	Other:	
Local Anesthetic:	1% Lido with Epi _____ cc	1% Lido _____ cc	Sodium Bicarbonate _____ cc	Other: _____
Insertion Site:	Left Hip	Right Hip	Left Flank	Right Flank

TREAT WITH

Testosterone: _____ mg Testosterone Lot Number: _____

Estradiol: _____ mg Estradiol Lot Number: _____

Progesterone: _____ mg Cycle Continuous

Labs:	Due in 4 Weeks	Due in 8 Weeks	Prior to Next Insertion	Up to Date
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Prostate Exam: (Males)	Prior to Next Insertion	Up to Date	Not Applicable
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MAMM: (Females)	Prior to Next Insertion	Up to Date	Not Applicable
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Yearly:	Prior to Next Insertion	Up to Date
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Comments:
