

# SOAP/PROCEDURE NOTES

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_ Activity Level: \_\_\_\_\_

### Symptoms/Notes:

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## 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.

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

## TREAT WITH

**Testosterone:** \_\_\_\_\_ mg Testosterone Lot Number: \_\_\_\_\_

**Estradiol:** \_\_\_\_\_ mg Estradiol Lot Number: \_\_\_\_\_

**Progesterone:** \_\_\_\_\_ mg Cycle Continuous

<b>Labs:</b>	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

**MAMM: (Females)** Prior to Next Insertion Up to Date Not Applicable

**Yearly:** Prior to Next Insertion Up to Date

### Comments:

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