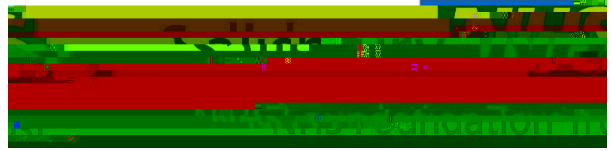
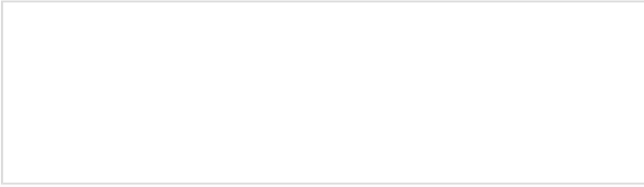


Aff.xp .en  e here

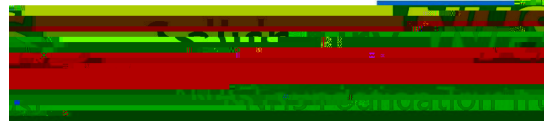


Department of Urology

Das 29 645 0111. 69 261 (3) J 2S (3205 66297) 67 mt) 06.f 52500 0297. 67 770.

Symptoms:

Effect of symptoms:



To be completed by clinician

Timing of this appointment:

- Pre re en
- ee s.s.nce re en
- on hs s.nce re en
- on hs s.nce re en
- 9 on hs s.nce re en
- l on hs s.nce re en
- l on hs s.nce re en
- M.n en nce

Consultant Firm:

- P
- M
- CAC
- MES
- MCD

Management

Oral Treatment

- E ron
- A rpy.ne
- pen.n
- Prophy c.c An .o.c
- Other

Intravesical Treatment

- r cys
- l r.
- Other

NB: Clinicians - Please enter symptom and problem scores in notes and return completed forms in folder to the urology office for processing