Sign-up Form for EngenderHealth's Vasectomy Information Line 1-888-VASEC-4-U

Please notify everyone on your staff *(especially those who answer the telephone)* that you provide vasectomy services and that you will be listed on the Vasectomy Information Line.

Facility Information

Facility Name _____

Street Address: _____

_____

City, State, Zip: _____

Telephone number at the facility to which callers to 1-888-VASEC-4-U line will be connected:

_____

Contact information for person supplying information on this form

Name: _____

Telephone: _____

Fax: _____

Email: _____

Vasectomy Procedures (optional, but very helpful to us!)

Average number of vasectomy procedures (traditional and No-Scalpel) performed at this facility each MONTH: _____

Of these vasectomies, approximate number that are No-Scalpel Vasectomy (NSV): _____

Average number of clients that your facility REFERS out for vasectomy (traditional and NSV) each MONTH: _____

Date you submitted this sign-up form to EngenderHealth: _____

Please send this form to EngenderHealth by fax at (212) 561-8067, by email at vasline@engenderhealth.org, or by regular mail at EngenderHealth, 440 Ninth Ave., New York, NY 10001. Thank you!

Source: EngenderHealth, New York City.