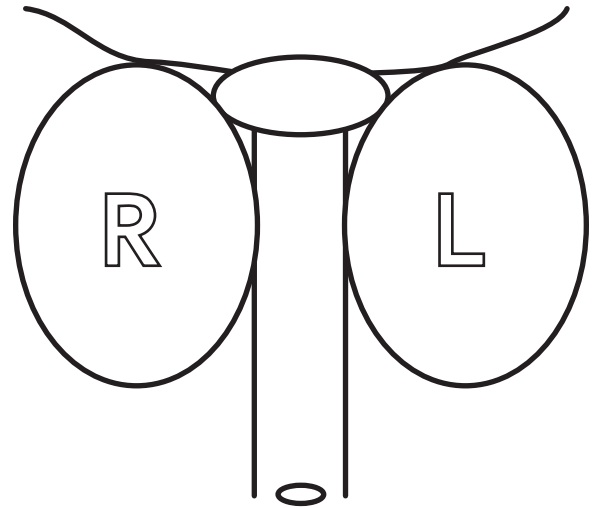


Prostiva® PROCEDURE WORKSHEET

Patient Name _____
 Patient ID# _____
 Age _____
 Doctor _____
 Facility _____

Date _____

Patient Temperature _____
 Urine dipstick within normal limits? YES NO
 TRUS YES NO
 Prostate Volume _____ cc or gm
 Prostate Transverse Diameter _____ mm
 Prostatic Urethra Length _____ cm
 Needle Length _____ mm
 Anesthesia _____
 # of Treatment Planes _____
 Middle Lobe Treated YES NO



LESION INFORMATION

A. Location _____ Needle Length _____ Target Temp. _____ Comments _____	G. Location _____ Needle Length _____ Target Temp. _____ Comments _____
B. Location _____ Needle Length _____ Target Temp. _____ Comments _____	H. Location _____ Needle Length _____ Target Temp. _____ Comments _____
C. Location _____ Needle Length _____ Target Temp. _____ Comments _____	I. Location _____ Needle Length _____ Target Temp. _____ Comments _____
D. Location _____ Needle Length _____ Target Temp. _____ Comments _____	J. Location _____ Needle Length _____ Target Temp. _____ Comments _____
E. Location _____ Needle Length _____ Target Temp. _____ Comments _____	K. Location _____ Needle Length _____ Target Temp. _____ Comments _____
F. Location _____ Needle Length _____ Target Temp. _____ Comments _____	L. Location _____ Needle Length _____ Target Temp. _____ Comments _____