Cooled ThermoTherapy™ Procedure Flow Sheet

Name: _____ Date: _____ Physician: _____

PRE-PROCEDURE CHECKLIST

Allergies: _____ Consent Signed: _____ Enema: _____

Routine Medications: _____

Cysto: _____ IPSS: _____ QMax: _____ PSA: _____ Prostate Size: _____ PUL: _____

Pre-Procedure Vital Signs: B/P _____P _____ Temp _____ Loc: _____

Pre-Medication Time	

Pre-Medication Time	

INTRA PROCEDURE

Time In: _____ Time Out: _____ Treatment Start: _____ Treatment End: _____

Time	B/P	P	R	O2 Sat

Medications	Time

MDS S/N _____

RTU Lot # _____

Treatment Time _____

POST PROCEDURE

Post Therapy Catheter: _____ LOC: _____ Discharge Vital Signs: _____

Catheter Removal: _____ Return Appointment: _____

Discharge Medications: _____

Discharge Instructions Given by:_____

Nurse Signature: _____ MD Signature: _____

Cooled ThermoTherapy™ is available by prescription only. This therapy is not for everyone. Talk to your physician to see if Cooled ThermoTherapy is right for you. Most medical procedures may have side effects. Possible side effects for Cooled ThermoTherapy include blood in urine, clots in urine, painful or difficult urination, thickened bladder muscle, rectal irritation, temporary inability to control urination, brief inability to achieve or maintain an erection and the inability to discharge semen in orgasm thus should be considered by men who wish to have further offspring. A small risk of urethral stricture may result requiring further intervention. Patients may experience discomfort during the procedure that may require the use of analgesics or sedatives. Patients may be catheterized for a 2 to 5 day period following the treatment.[1] For more complete information about the benefits and risks associated with Cooled ThermoTherapy please refer to the Instructions for Use found on our website at www.cooledthermotherapy.com or call us at 1.800.475.1403.

[1]Data taken from the CTC Advance® Instructions for Use, 250348 Rev B 12/08.