

AGGREGATE QUARTERLY STERILIZATION REPORT

NAME OF FACILITY/HOSPITAL:

QUARTER ENDING:

CONTACT PERSON:

LICENSE NUMBER:

PROCEDURE	AGE GROUP								TOTAL	PAYMENT SOURCE				TOTAL
	Under 15	15 - 19	20 - 24	25 – 29	30 – 34	35 - 39	40 - 44	45 Over		Medi-Cal	Self/Private	Insurance*	Other	
Tubal Ligations														
White														
Black														
Hispanic														
American Indian/Eskimo														
Asian														
Other														
Unknown														
TOTAL														
Hysterectomies														
White														
Black														
Hispanic														
American Indian/Eskimo														
Asian														
Other														
Unknown														
TOTAL														
Vasectomies														
White														
Black														
Hispanic														
American Indian/Eskimo														
Asian														
Other														
Unknown														
TOTAL														

* Include Medicare