I authorize the provider at (*insert* ***Agency Name***) to perform the following procedure (circle the procedure *and* device):

**IUD insertion** **IUD removal IUD replacement**

**Paragard Mirena Skyla Liletta**

I am allergic to: 🞎 betadine 🞎 metals 🞎 Ibuprofen

I understand that (mark correct box(es) below):

🞎 This is an office procedure to ***PLACE*** the IUD into my uterus.

*AND/OR*

🞎 This is an office procedure to ***REMOVE*** the IUD from my uterus.

**IUD Insertion**

* I understand that the clinician will check the position of my uterus and will look for signs of infection. Then, my cervix will be cleaned with betadine. My cervix will be held in place with an instrument and the clinician will check how deep my uterus is. The IUD will then be placed and the strings trimmed.

🞎 I have read and signed the manufacturer’s consent form and understand the risks and benefits, side effects, danger signs, and effectiveness of the IUD. I know how to contact the clinic if I have any questions or problems and what to do if I want to stop using the IUD.

🞎 Possible **risks** of the insertion procedure have been discussed with me and are listed below:

* Cramps while it is placed and afterward;
* Bleeding or spotting during and afterward;
* Infection or pelvic inflammatory disease (PID) afterward; and/or
* Perforation of the uterus or cervix.
* Home Care Instructions:
* I understand that I should call the clinic if I have any worries or questions about the IUD.
* Take ibuprofen as instructed for cramps or bleeding.
* I understand that if I have pain, bleeding, fever, or discharge, I need to be seen by a clinician right away.

🞎 I know there are other forms of hormonal birth control that I might be able to use (like sterilization, implant, shot, ring, patch, or pills). I understand that I may have my IUD removed at any time for any reason.

* This form has been fully explained to me, I have read it or have had it read to me, and I understand its content. I have had the chance to ask questions. All of my questions and concerns have been answered.

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**Date**  **Signature of Client/ Other Legally Responsible Person if Applicable**

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**Date**  **Signature of Provider Performing the Procedure**

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**Date**  **Signature of Interpreter**

**IUD Removal**

* I understand that the clinician will insert a speculum into my vagina and grasp the strings with a device like tweezers. Then the IUD will be gently pulled out of my uterus.
* Possible risks of removing the IUD have been discussed with me:
* When I have the IUD removed, I could get pregnant right away. I need to use another method of birth control if I don’t want to get pregnant.
* Rarely, it can be hard to remove and I might need to see another clinician to have it removed.
* I know there are other forms of hormonal birth control that I can use when the IUD is removed (like sterilization, implant, shot, ring, patch, or pills)

🞎 Home Care Instructions:

* I understand that if I have pain, bleeding, fever, or discharge, I need to be seen by a clinician right away.

This form has been fully explained to me, I have read it or have had it read to me, and I understand its content. I have had the chance to ask questions. All of my questions and concerns have been answered.

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**Date**  **Signature of Client/ Other Legally Responsible Person if Applicable**

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**Date**  **Signature of Provider Performing the Procedure**

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**Date**  **Signature of Interpreter**