

[Insert practice name here]

HORMONAL IUD REMOVAL NOTE

PATIENT INFORMATION

1. LAST NAME	2. FIRST NAME	3. TODAY'S DATE ___/___/___
4. DOB ___/___/___	5. AGE (YEARS)	6. TIME __:__:__ (24hr)
7. GRAVIDITY	8. PARITY	9. DATE OF INSERTION ___/___/___

ALLERGIES

No Known Allergies Yes (specify below)

ALLERGY

REACTION

_____	_____
_____	_____
_____	_____

REASONS FOR REMOVAL

Chief Complaint:

- | | | |
|---|---|--|
| <input type="checkbox"/> Vaginal bleeding | <input type="checkbox"/> Back pain | <input type="checkbox"/> Desires pregnancy |
| <input type="checkbox"/> Irregular bleeding | <input type="checkbox"/> Pain; cramping | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Heavy bleeding | <input type="checkbox"/> Headache | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Amenorrhea | <input type="checkbox"/> Depression | <input type="checkbox"/> Breast tenderness |
| <input type="checkbox"/> Other: _____ | | |

Secondary Complaints: _____

Removal Approved by: _____

REMOVAL

The strings were *visible/not visible* (circle one).

The strings were grasped using a ring forceps and the Hormonal IUC was easily removed.

Or

After prepping the cervix with *betadine/chlorhexidine*, an IUD hook was gently inserted into the uterine cavity under sterile conditions and used to grasp and remove the Hormonal IUC.

The patient tolerated the procedure well.

Other Removal Notes: _____

New contraceptive method: _____

Clinician signature: _____ Date: ___/___/___