

Implant Procedure Note

Date: ___/___/20___ Time: ___:___
M M D D Y Y (24 Hour clock)

Name of patient: _____ DOB: ___/___/___
(Last) (First)

Pt is _____yo

G _____ P _____

LMP of ___/___/20___ or UNK (give reason): _____
M M D D Y Y

Urine HCG on ___/___/20___ was : Neg Pos or
M M D D Y Y N/A (give reason): _____

She had been using _____ for contraception

Last active pill/injection/patch/ring was ___/___/20___ or N/A
M M D D Y Y

Pt counseled Yes No

Method Fact Sheet signed: Yes No

The patient's L/R (circle one) arm was placed in flexed and externally-rotated position, and the crease between the biceps and triceps was identified. An insertion site _____cm above the elbow was identified. The area was cleansed with _____ and local anesthesia _____cc of _____ was injected. The implant device was then inserted in the usual fashion without complication. After insertion, the grooved tip of the obturator was seen in the applicator. Both the clinician and patient palpated the device after insertion. The insertion site was then covered with sterile dressing.

Implant Lot # _____

Additional notes: N/A or

Clinician's signature: _____