[insert practice name here]

IMPLANT 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:

☐ Vaginal bleeding
- ☐ Irregular bleeding
- ☐ Heavy bleeding

☐ Weight gain

☐ Hair loss
☐ Pain; cramping
☐ Headache
☐ Depression

☐ Desires pregnancy
☐ Mood swings
☐ Acne
☐ Breast pain

☐ Other:_____

Secondary Complaints:_____
_____

Removal Approved By:_____

The patient's R / L arm was palpated and the implant device located. The area was prepped with Betadine / Hibiclens. The distal end of the device was palpated and ___ cc of 1% lidocaine with /without epinephrine was injected. A ____ mm incision was made. Any fibrotic tissue was carefully dissected away using blunt and/or sharp dissection. The device was removed in an intact manner. Steri-strips and a sterile dressing were applied to the incision. The patient tolerated the procedure well.

New contraceptive method: _____

_____

_____

Clinician signature: _____

Date: __ __/ __ __/ __ __