**Intrauterine Device (IUD) Removal Note**

**(PATIENT NAME)** requests removal of their IUD **(PARAGARD/MIRENA/SKYLA/LILETTA/KYLEENA).** They would like it removed due to **(DESIRE FOR PREGNANCY/ABNORMAL BLEEDING/PAIN/DUE FOR REMOVAL/OTHER).** The IUD (**WAS/WAS NOT)** placed at **(NAME OF FACILITY)**. They have had the IUD in place for **(LENGTH OF TIME)**. The patient **(DOES/ DOES NOT)** have abdominal pain, fevers, dysuria, nor dyspareunia.

Patient's last menstrual period was **(DATE)**.

An informed consent was signed prior to the removal and is to be scanned into the record. The procedure was explained to them prior to consent. Risks of the procedure include: pain, bleeding, infection.

The patient would like to have another IUD inserted: **(YES/NO).**

**Procedure Note:**

The patient appears well, in no apparent distress. Alert, pleasant and cooperative.

Time out taken: **(TIME)**

Following information identified:

Patient: **(PATIENT NAME), (PATIENT DOB)**

Procedure: IUD removal

Site (location and laterality): Intrauterine - per vagina **(YES/NO)**

Pelvic exam: Uterus **(ANTEVERTED/RETROVERTED/MIDLINE)**. Cervix **(ANTERIOR/POSTERIOR/MIDLINE).** No cervical motion tenderness. No adnexal tenderness. No cervicitis.

Speculum placed. The IUD strings **(ARE/ARE NOT}** seen at external os and grasped with sterile ring forceps and removed **(WITH/WITHOUT)** difficulty. An IUD hook or other device **(WAS/WAS NOT)** needed. **(PATIENT NAME)** **(DID/DID NOT)** tolerate the procedure well. There **(WAS/WAS NOT)** a complication.

An alternate plan for contraception was discussed, if needed. The patient would like to use **(CONTRACEPTIVE METHOD)** for their contraception. An after-visit summary was printed with information about this method.

**(PROVIDER NAME AND TITLE)**