



## **Patient Consent Form—Intrauterine Device Insertion**

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Patient Name: \_\_\_\_\_

Procedure: Insertion of Intrauterine device

Device Name: \_\_\_\_\_

### Patient Consent

I confirm that the information given by me is correct.

I have read the information leaflet on intrauterine devices.

The risks and side effects of the procedure and the device have been explained to me.

I understand the risks including perforation, expulsion, failure of insertion, failure of device, irregular bleeding, infection and pelvic pain.

I agree to the above procedure.

Signed \_\_\_\_\_

Date \_\_\_\_\_