



IUD CONSENT FORM

DATE: _____

I _____ am aware of the possible side effects and risks of the IUD. These include a 0.1% chance that a hole could be made in the uterus when the IUD is inserted (perforation), a 5% chance the IUD could come out (expulsion), a less than 1 % chance of the IUD moving outside of the uterus (migration) and a less than 1 % chance of infection.

For the Copper IUD risks also include: Increased bleeding and cramping, and a 0.8% chance of pregnancy.

For the hormonal IUD (Kyleena/Mirena) risks include: Irregular spotting and bleeding, and a 0.1-0.4% chance of pregnancy.

I also understand that the IUD must be changed in five years* and requires follow up with a physician at that time.

(*With the exception of the Mirena at year 7 for patients over 25)

I consent to the insertion of the Copper/Hormonal IUD by

Dr. _____, M.D.

Signature: _____

Witness Signature: _____