

Multi-Safe®

Application Form Replacement Multi-Safe® IUD

Date:

Procedure

Please complete this form with the requested information. A replacement Multi-Safe® IUD will be sent free of charge after we received the failed Multi-Safe® together with this document. Based on the evaluation of the failed Multi-Safe®, an additional questionnaire might be required. Please note that a financial refund is not possible.

Information requestor

Profession: GP/Gynecologist/Midwife/.....
Name:
Email:
Hospital/Practice:
Address:
Zip code, Town:
Phone number:

Information of patient

Female: Nullipara Multipara
Age:
Regular /special medication during the last 3 months
Information regarding medical conditions/allergies
Multi-Safe® indication: Contraception/.....
Did the patient use a menstrual cup after insertion of the IUD? Yes No

Information failed insertion

IUD type Multi-Safe Multi-Safe short
Date of incident
LOT number and expiry date (at the back of the Multi-Safe® package) LOT nr
Exp Date
Date of insertion / removal/.....
Did you perform gynecological examination on the size and position of the uterus before IUD insertion? Yes No
Measured uterus length: cm
Position of the uterus: Anteverted Flexed Retroverted Flexed
Did you open the sterile packaging before the gynecological examination and the measurement of the uterus length? Yes No
Did you insert the Multi-Safe® IUD post abortum? Yes No
Did you reinsert a new (Multi-Safe®) IUD in this patient? Yes No
Are you interested in a personal Multi-Safe® instruction? Yes No

Please state the reason for the failed Multi-Safe® insertion, the action taken and/or your replacement request:

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Signature:

Gynaecology | Market Access | Medical Marketing

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