

# Flexi~T<sup>®</sup>

## Application Form Replacement Flexi-T<sup>®</sup>

Date: .....

### Procedure

Please complete this form with the requested information. A replacement Flexi-T<sup>®</sup> IUD will be sent free of charge after we received this document, if possible together with the failed Flexi-T<sup>®</sup>. Based on the evaluation of the failed Flexi-T<sup>®</sup>, 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: .....  
Flexi-T<sup>®</sup> indication: Contraception/.....  
Did the patient use a menstrual cup after insertion of the IUD?  Yes  No

### Information insertion

IUD Type:



Flexi-T 300



Flexi-T+ 300



Flexi-T+ 380

Date of incident: .....  
LOT number and expiry date (at the back of the Flexi-T<sup>®</sup> package) Lot nr..... Exp. Date.....  
Date of insertion: .....  
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 insert the Flexi-T<sup>®</sup> IUD:  post abortum  post partum  neither ..... weeks  
Did you open the sterile packaging before the gynecological examination and the measurement of the uterus length?  Yes  No  
Did a follow-up appointment 6 weeks after insertion take place?  Yes  No  
Did you remove the Flexi-T?  Yes  No  
Did you reinsert a new (Flexi-T<sup>®</sup>) IUD in this patient?  Yes  No  
Are you interested in a personal Flexi-T<sup>®</sup> instruction?  Yes  No

Please describe the reason for the replacement request, what went wrong and the actions taken:

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