

CONSENT FOR INSERTION OF PARAGUARD OR MIRENA IUD

I have asked for and received information about the (CHECK ONE):

_____Paraguard IUD

_____Mirena IUD

from GATEWAY WOMEN'S CLINIC. I understand that the decision to have the IUD inserted is completely up to me. I understand the IUD must be considered long-term, although I can have the IUD removed at a later date. The discomforts, risks and benefits associated with the IUD have been explained to me. All my questions have been answered to my satisfaction.

Patient signature

Date

Print Name: _____

Date of Birth: _____

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