

# Flexi~T®

## Application Form Replacement Flexi-T®

Date: .....

### Procedure

Please complete this form with the requested information. A replacement Flexi-T® IUD will be sent free of charge after we received this document, if possible together with the failed Flexi-T®. Based on the evaluation of the failed Flexi-T®, 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® 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 (on the side of the Flexi-T® package)

Date of insertion

Did you perform gynecological examination on the size and position of the uterus before IUD insertion?

Measured uterus length:

Position of the uterus:

Did you insert the Flexi-T® IUD:

Did you open the sterile packaging before the gynecological examination and the measurement of the uterus length?

Did a follow-up appointment 6 weeks after insertion take place? Did you remove the Flexi-T?

Did you reinsert a new (Flexi-T®) IUD in this patient?

Are you interested in a personal Flexi-T® instruction?

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Lot nr..... Exp. Date.....

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Yes  No

..... cm

Anteverted flexed  Retroverted flexed

post abortum  post partum ..... weeks neither

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

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

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