IUD Placement Note  Date ________________

Procedure: Placement of ☐ Mirena or ☐ ParaGard Intrauterine Device.

Patient was counseled regarding the risks/benefits/alternatives of the IUD.
Consent was obtained and all questions answered.
Urine pregnancy test negative or patient currently menstruating.

Description:

Cervix was swabbed three times with Betadine swabs.
Sterile gloves donned.
☐ Sterile single-tooth tenaculum used to grasp anterior lip of the cervix and straighten the endocervical canal.
Uterus sounded to ________ cm.
IUD loaded per manufacturer’s instruction and flange set to ________ cm.
IUD placed per manufacturer’s directions. Strings trimmed to ________ cm.
Patient tolerated the procedure well.

Follow-up:

Patient counseled regarding techniques for self-monitoring of IUD and given precautions.
Patient notified of removal date.
Patient will follow-up in ________ weeks for string check.

Resident Signature

Attending Note: ☐ I was present for the entire procedure.

Attending Signature