

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): 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® IUD: post abortum post partum weeks neither
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®) IUD in this patient? Yes No
Are you interested in a personal Flexi-T® instruction? Yes No

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

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