

Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

**MIRENA, SKYLA, PARAGAR
INTRAUTERINE DEVICE (IUD) CONSENT FORM AND AUTHORIZATION**

I consent to have the IUD inserted by Jeri Shuster, M.D. I understand that the following side effect may occur during and following the IUD insertion: dizziness, headache, vaginal discharge, bleeding, cramping, infection, fallopian tube abscess, sterility, device expulsion, pelvic or abdominal pain, ovarian cysts, missed menstrual periods, irregular menstrual periods, ectopic pregnancy, unintended pregnancy, pregnancy loss, septic abortion, uterine perforation which may require surgery and other unanticipated risks. Alternatives include: not inserting the IUD, inserting a different type of IUD, using other forms of contraception or hormone replacement therapy, female or male sterilization.

I agree to pay Dr. Shuster's office an IUD fee of \$150 to cover cost associated with the IUD that are not covered by insurance. The cost includes administrative costs for the medical office and the cost of administration of local anesthetic (the latter is due to our desire to minimize discomfort during IUD insertion).

Dr. Shuster's office will submit application for insurance review regarding the cost and delivery of the IUD. (Your health insurance company will determine whether this is a pharmacy benefit or a medical benefit, which will determine the cost/entity that you will pay directly). I agree to pay the network negotiated charge for the IUD prior to the procedure.

Patient Signature

Date

Witness Signature

Date

Jeri Shuster, M.D.

Date