

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

IUD REMOVAL CONSENT

I consent to have the Mirena/Paragard/Skyla IUD removed by Jeri Shuster, M.D. or Kathryn Cervi, CRNP.

I am aware that once the IUD is removed, I will need another method of contraception unless I am planning a pregnancy or this is being used for hormonal replacement therapy.

Risks include: inability to remove, pain, bleeding, infection.

Signature _____

Date _____

Witness _____