



Application Form Replacement IUB Ballerine® SCu300B Date:

Procedure

Please complete this form with the requested information. A replacement IUB Ballerine® will be sent free of charge after we received the failed Ballerine® together with this document. Based on the evaluation of the failed Ballerine®, completing 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
Ballerine® indication: Contraception/.....

Information failed insertion

Date of incident
LOT number and expiry date (at the back of the Ballerine® 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 open the sterile packaging before the gynecological examination and the measurement of the uterus length? Yes No
Did you insert the Ballerine® post abortum? Yes No
Did you remove the Ballerine®? Yes No
Did you reinsert a new Ballerine®? Yes No
Are you interested in a personal Ballerine® instruction? Yes No

Please state the reason for the failed Ballerine® insertion, the action taken and/or your replacement request:

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Signature: