



Joseph Valenti, MD, FACOG
 Caren Reaves, MD, FACOG
 Monica Popov, MD, FACOG
 Laura Finger, MD, FACOG
 Amy Lungren, MD, FACOG
 Rachel Osborn, MD, FACOG
 Holly Groom, RN, CNM
 Kathy Ellis, RN, CNM
 Shirley Marion, RN, CNM
 Elizabeth Malone, RN, WHNP-BC
 Alexandria DeVaughn, RN, WHNP-BC
 Ebony Midcalf, WHNP-BC

Consent for Liletta IUD Insertion

To the patient : You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you, it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

Liletta is a hormone-releasing system placed in your uterus to prevent pregnancy for up to 3 years. It does not protect against HIV infections (AIDS) and other sexually transmitted diseases (STDs). Liletta is T-shaped. It contains a hormone called levonorgestrel, a progestin hormone often used in birth control pills. Liletta releases the hormone into the uterus. Only small amounts of the hormone enter your blood. Two threads are attached to the stem of the T. You can check that Liletta is in place by feeling for the threads at the top of your vagina with your fingers. Your health care provider can also remove Liletta at any time by pulling on the threads. The threads are the only part of Liletta you can feel when Liletta is in your uterus.

RISKS OF PROCEDURE: As with any procedure, complications may occur. These may include but are not limited to:

- Cramping;
- Bleeding; SPOTTING CAN OCCUR FOR SEVERAL WEEKS.
- Dizziness/Faintness;
- Infection not responsive to antibiotics;
- Pelvic pain;
- Uterine perforation;
- Failure to prevent pregnancy;
- Increased risk of miscarriage if pregnancy occurs;
- Risk of ectopic pregnancy
- Possibility of requiring surgical removal
- Call our office if you are having to go through more than 1 pad in an hour, increased severe pelvic pain, fever or vomiting occur

My signature certifies that:

- I understand the procedure and the possible complications.
- I have read and understand the contents of this form.
- I have read and understand the patient information booklet and have had my questions about Liletta answered.
- I choose to have Liletta inserted by _____.

 Printed Name of Patient

 Signature of Patient or Legal Representative

 Date

DOB: _____

The patient has signed this consent form in my presence after I counseled her and answered her questions. The system is scheduled for removal on _____.

 Signature of Healthcare Provider

 Date