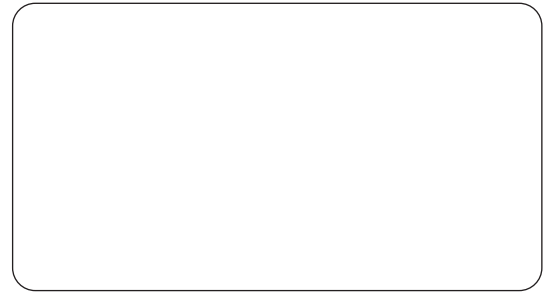




טופס הסכמה  
להתקנת התקן תוך רחמי

## CONSENT FORM FOR INSERTION OF IUD



The IUD is a device inserted into the uterus to prevent pregnancy. Statistically speaking, the device is known to prevent pregnancy in 95%-98% of the time. To achieve maximum efficacy, the IUD should be replaced every 3-5 years, depending on the type of device.

The IUD is inserted without anesthesia and with some discomfort.

Before the IUD insertion, you must provide the doctor with information related to your health, and primarily whether you suffered or are suffering from any diseases that might constitute a contraindication for using an IUD, such as irregular vaginal bleeding, heaving bleeding during menstruation, pelvic infection, ectopic pregnancy in the past or uterine defect. In addition, inform the doctor of the date of the last menstrual cycle.

**In addition to the efficacy of the IUD, the following side effects and adverse events are recognized:**

- Increased and painful bleeding during menstruation or diminished bleeding in varying degrees until complete cessation of bleeding during menstruation, based on the type of IUD.
- Higher incidence of infections of the genitalia that might result in fertility problems in the future.
- Expulsion of the IUD without feeling /knowing that it has been expelled.
- Pregnancy despite the IUD, which might end in miscarriage due to infection.
- Inability to retrieve the IUD through the string, which requires use of other means to retrieve, even its retrieval under anesthesia.
- Penetration of the IUD into the uterine wall or abdominal cavity. In these cases, surgical intervention might be required. This complication is rare.
- Ectopic pregnancy.

**If any of the following symptoms appears, contact the doctor:**

- Bleeding that is abnormal in intensity or timing.
- Lower abdominal pain.
- Abnormal vaginal discharge.
- Late menstruation.

**I hereby declare that to the best of my knowledge, I am not / the woman is not pregnant.**

**You must adhere to periodic check-ups in accordance with the doctor's recommendation.**

**Patient's Signature / חתימת המטופל/ת:** \_\_\_\_\_



Woman's Name: \_\_\_\_\_  
(שם האישה) Last Name / שם משפחה First Name / שם פרטי Father's Name / שם האב ID No. / ת.ז.

I hereby declare and confirm that I have been  
given a detailed oral explanation by Dr. (מד"ר): \_\_\_\_\_  
Last Name / שם משפחה First Name / שם פרטי

of the IUD, its efficacy, expected behavior from me and possible complications of its insertion or presence in the uterus.

In addition, I received an explanation about alternative birth control, their advantages and disadvantages, their side effects and possible complications.

I have read the aforementioned explanations and I wish and consent to the insertion of the IUD.

It has been agreed that the IUD that will be inserted is of the type (מסוג) \_\_\_\_\_

\_\_\_\_\_  
Date / תאריך Time / שעה Woman's Signature / חתימת האישה

\_\_\_\_\_  
Guardian's Name (Relationship)/ שם האפוטרופוס (קרבה) Guardian's Signature (for incompetent, minor or mentally ill patients)/ חתימת האפוטרופוס (במקרה של פסול דין, קטין או חולה נפש)

I hereby confirm that I have given the patient (לאישה) / the patient's guardian (לאפוטרופוס של האישה)\* a detailed oral explanation of all the above-mentioned facts and considerations as required and that he/she has signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

אני מאשר/ת כי הסברתי בעל פה לאישה / לאפוטרופוס של האישה\* את כל האמור לעיל בפירוט הדרוש וכי הוא/היא חתם/ה על הסכמה בפני לאחר ששוכנעתי כי הבין/ה את הסברי במלואם.

\_\_\_\_\_  
Physician's Name / שם הרופא/ה Signature / חתימה License No. / מספר רישיון

\* Cross out irrelevant option / מחקי את המיותר