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Waiver of Responsibility of my device:

I, _____, certify that today ___ / ___ / _____, I came to Healthcare for Women., and personally picked up my device, and I removed it from the office. :

Kyleena/Mirena/Skyla/Liletta Intruterine Device
Paragard Intrauterine Device
Nexplanon Subdermal Implant
_____ (Other device, ex: pessary, diphragm)

I no longer desire this device and I donate it to HCFW for another patient.

Kyleena/Mirena/Skyla/Liletta Intruterine Device
Paragard Intrauterine Device
Nexplanon Subdermal Implant
_____ (Other device, ex: pessary, diphragm)

Patient Name: _____
Patient Signature: _____
Staff member that gave the device to the patient/waiver _____