

FAMILY PLANNING IMPLANON™
REMOVAL RECORD

Name _____

Age _____ Date of Birth _____

Allergies _____

Current Method of Contraception _____

Current Medications _____

LNMP _____

Date of insertion _____ Insertion Record reviewed yes no

Reason(s) for removal

- 3 years since insertion
- Desire pregnancy
- Pregnancy occurred
- Irregular bleeding
- Other side effects _____
- Other _____

Implant palpable before removal yes no

If no, how was implant localized _____

Implant removed intact yes no

Difficulty with removal yes no

If yes, specify

- Significant fibrosis
- Implant broken or fractured
- Implant in fascia or muscle
- Incision needed to be enlarged
- Implant not found
- Referral for removal _____

After Implanon removed

- Condoms offered given
- Combined oral contraceptive initiated brand name _____
of cycles _____ start date _____
- Other method of contraception initiated _____

Return Visit _____

Date _____ **Interpreter Name** _____

Chaperone Signature _____

Clinician Signature _____