

Patient's Name

Date of Birth
(mm-dd-yy)

Lot Number

Date of Insertion
(mm-dd-yy)

Date of Removal
(mm-dd-yy)

Inserting
Clinician's Initials

Office Name:

Address:

Phone Number: ()

Fax Number: ()

E-mail:



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US-XPL-115541 11/21

Nexplanon[®]
(etonogestrel implant) 68mg
Radiopaque