

SPECIALIZING IN WOMEN'S HEALTH SPÉCIALISTE DE LA SANTÉ DES FEMMES

Replacement Authorization Form

Thank you for purchasing a Liberté Copper IUD. If you have not already done so, please contact our office for a replacement authorization number (RA#). If this is for a failed insertion there is no need to mail us the expulsed IUD; we only require them to be mailed back if the product is found to be physically defective (ie. broken or missing parts). Please note: There is a limit of 3 IUD replacements per year, per clinic. If returning a malfunctioning unit, please let us know so that we can send you a pre-paid shipping label and arrange pick up.

Feel free to contact us if you have any questions or concerns in completing this form. **Replacement IUDs can only be shipped to clinics, doctor's offices and hospitals.** Replacements are processed and shipped out on Fridays.

Clinic/Doctor/Hospital Shipping Information:

Facility Name:	Facility S	Facility Stamp:	
Contact Person:			
Address:			
Phone:			
Email:			
IUD Information:			
Liberté IUD Type:	UT380 Standard UT380 Short TT380 Standard TT	Γ380 Short	
RA#:			
Expiry Date:			
Lot Number:			
Reason for Replacem	ment: Failed Insertion Expelled IUD Defective IUD	Other	
Details:			





Liberté





