

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 expelled 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: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Facility Stamp:

IUD Information:

Liberté IUD Type: UT380 Standard UT380 Short UT380 Standard Silver-Copper UT380 Short Silver-Copper TT380 Standard TT380 Short

RA#: _____

Expiry Date: _____

Lot Number: _____

Reason for Replacement: Failed Insertion Expelled IUD Defective IUD Other

Details: _____

Please specify if you would a different Liberté model as a replacement.

