



Patient's name \_\_\_\_\_

Healthcare professional's name and phone number \_\_\_\_\_

\_\_\_\_\_

Date of insertion \_\_\_\_\_

Date of removal \_\_\_\_\_  
(approved period of insertion: 3 years)

Batch number \_\_\_\_\_







Date of next appointments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AAH7640

**Need placement confirmation of batch and expiry**

Levonorgestrel 20mcg/24hrs -, Patient Card, Malta		colours/plates
 creating value in pharmaceuticals <b>t</b> 0044 1271 311400 <b>f</b> 0044 1271 311449 <b>@</b> artworkstudio@actavis.co.uk	item no: AAH7640	1. black 
	print proof no: 01	2. Pms 166 
origination date: 13/03/15	pharmacode: _____	3. Pms 192 
originated by: C.Grant	min pt size: 5pt (back panel text)	4. _____
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