CK Public Health

Prescription for Low Cost Contraceptives

For clients without drug coverage

<u>Please note: this entire form must be completed. Please print clearly.</u>

Patient's Name: _____   Date of Birth: _____

Address: _____   Telephone: _____

Ontario Health Card Number: _____

The above named client is under my care. Therefore, the responsibility for any and all physical examinations, tests (including Pap smears and STI screenings), weight, blood pressure monitoring and any other prudent medical care is mine and not that of the Chatham-Kent Public Health Unit.

To complement my client's care, I authorize The Sexual Health Clinic to dispense low cost contraception as follows:

Birth Control Pills – take 1 tab by mouth daily. Other instructions: _____

Alesse 28	Lolo	Micronor 28	Tri-cyclen Lo 28	Yasmin 28
Demulen 30	Marvelon 28	Min-Ovral 28	Triquilar 28	Yaz 28

Evra Patch   -apply transdermally 1 patch leave on for 7 days; repeat x 2 weeks then remove for 7 days and then repeat

   -other instructions _____

Nuva Ring   -insert intravaginally 1 ring leave in for 21 days and then remove for 7 days and then repeat

   -other instructions _____

Depo Provera   -will be administered intramuscularly every 10 to 13 weeks

   -please provide date of next injection or new start date: _____

Liberté TT 380 Standard
   -to be inserted by prescribing HCP

Liberté TT 380 Short
   -to be inserted by prescribing HCP

Quantity:

3 months   6 months   13 months   other _____

1 or more to be dispensed per visit at the discretion of the dispensing nurse and client needs.

Health Care Provider Name: _____

Address and phone number:_____

_____   _____
                 Signature   Date

NO FEE is chargeable to the patient to complete this form

Clinic hours: Monday to Friday 8:30-4:00

Revised Feb 2019   For Office use only: Chart YES ☐ NO ☐