

Prescription for Low Cost Contraceptives

For clients without drug coverage

Please note: this entire form must be completed. Please print clearly.

Patient's Name: _____ Date of Birth: _____
yyyy/mm/dd

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 Yazmin 28

Marvelon 28 Min-Ovral 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 _____

One 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

The personal information collected is under the authority of the Health Protection and Promotion Act. It will be administered in accordance with the Municipal Freedom of Information and Protection of Privacy Act, 1989.