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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: ____ 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: ☐Yazmin 28 ☐ Linessa 28 ☐Alesse 28 □Lolo ☐ 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 _____ -insert intravaginally 1 ring leave in for 21 days and then remove for 7 days and then repeat □Nuva Ring -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: ☐13 months □3 months ☐6 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.

Revised February 2022 For Office use only: Chart YES □ NO □