

Contraceptive Approval Form

_____ was examined
(Patient Name) (Date of Birth)

on ____/____/____.
(mm/dd/yyyy)

I approve the use of:

☐ Oral Contraceptive: _____ ☐ Depo-Provera: _____
*(Name of Pill) (Date of Last Injection)

through _____, _____.
(Month) (Year)

***Student Health Service may substitute reasonably equivalent oral contraceptive products if the prescribed OCP is not on our formulary.** Another examination will be needed for contraceptive approval beyond the date listed above.

Clinician Signature	_____
Print Name	_____

Address	_____

Phone Number	_____

Please fax the completed form to Student Health Service at (715) 836-5979.

ATTENTION STUDENT: Please call the clinic at (715) 836-5360 to schedule a brief nursing appointment to obtain contraceptive method.

Student Signature _____ Date _____