



UNIVERSITY of WISCONSIN - EAU CLAIRE

Student Health Service • Crest Wellness Center • Eau Claire, WI 54701
Phone: (715) 836-4311 • Fax: (715) 836-5979

Contraceptive Approval Form

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

_____/_____/_____
(mm/dd/yyyy)

I approve the use of **(circle one)** through _____, _____.
(Month) (Year)

Oral Contraceptive: _____
*(Name of Pill)

Depo-Provera: _____
(Date of Last Injection)

***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 _____

Type or Print Name _____

Address _____

Telephone Number _____

Please fax 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 _____