

University of Wisconsin
Eau Claire
Student Health Service

Contraceptive Approval Form

_____ was examined by me on _____
(Patient Name) (date of birth) (exam date mm/dd/yyyy)

I approve her use of (**circle one**) through _____, _____.
(month) (year)

***Oral Contraceptive:** _____
*(name of pill)

Depo Provera: _____
(date of last injection)

***The 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 # _____

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

ATTENTION STUDENT: An appointment must be made to purchase birth control pills at the Student Health Service by calling (715) 836-5360.

Student Signature _____ Date _____