

TO/DESTINATAIRE:

FAX

Public Health Services - Reproductive Supplies Form

FROM/EXPÉDITEUR:	FAX #:
DATE:	PAGE(s):
SUBJECT/OBJET: Reproductive Supplies	Prescription Request
Fill in all fields below or this request is invalid.	Starter pack (1 only) given at Public Health Office: (check) YES NO
PHN/NP Name:	☐ For MIRENA, KYLEENA, COPPER IUD (Mona Lisa, Liberte, FlexiT), HALOETTE,
Office Phone #:	EVRA PATCH or Lolo please check box to indicate client has been assessed, meets criteria for public health contraceptive program, and a formulary product is <u>not</u> an option. For IUD/IUS: Number of vaginal births
Office Location:	
GL Code: 880-1-715521211-46370	
Courier Delivery Site (if different from Office Location):	
Client's Name:	
PHIN:	
Birth Date:	Attach Prescription Here
Prescriber's Name:	, tetadiri resonipiton mere
Prescriber's Phone #:	
Prescriber's Fax #:	
Public Health Office Use Only:	
Date Rx Received:	
Quantity Sent:	
Date Rx Filled:	
	Pharmacy Use Only: Lot #: Expiry Date:

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CLI.6210.PL.001.FORM.05

September 19, 2023

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