DOCTOR, NURSE AND RECEPTIONIST SUPERVISION FORM FOR THE MONTH OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of Doctor or Nurse |  |
| Date |  |  |  |
| Contract Signed | Oral Pills |  |  |
| IUD |  |  |
| Sterilization |  |  |
| Injectibles |  |  |
| Subderminal Implants |  |  |
| Emergency Contraception |  |  |
| Where is Service Provided | Public |  |  |
| Private |  |  |
| Number of Coupons Issued | Oral Pills |  |  |
| IUD |  |  |
| Sterilization |  |  |
| Injectibles |  |  |
| Subderminal Implants |  |  |
| Emergency Contraception |  |  |
| Contraceptive Activities | Oral Pills | New |  |  |
| Old |  |  |
| IUD |  |  |
| Condom | New |  |  |
| Old |  |  |
| Number Issued |  |  |
| Injectibles |  |  |
| Subderminal Implants |  |  |
| Emergency Contraception |  |  |
| Receptionist (Public) | Coupons Issued | Oral Pill |  |  |
| IUD |  |  |
| Sterilization |  |  |
| Leaflets |  |  |
| Contraceptives | Ret. OP |  |  |
| New Condoms |  |  |
| Old Condoms |  |  |
| Yes Dep. Fms |  |  |
| Injectibles |  |  |
| Subderminal Implants |  |  |
| Emergency Contraception |  |  |
| Number Complete |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Receptionist (Private) | Coupons Issued | Oral Pills |  |  |
| IUD |  |  |
| Sterilization |  |  |
| Injectibles |  |  |
| Subderminal Implants |  |  |
| Emergency Contraception |  |  |
| Leaflets |  |  |
| Contraceptives | Ret. OP |  |  |
| New Condoms |  |  |
| Old Condoms |  |  |
| Injectibles |  |  |
| Subderminal Implants |  |  |
| Emergency Contraception |  |  |