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 |  |  |