

CONTRACT FOR ORAL PILL PRESCRIPTION

I, _____, agree to prescribe oral pills to patients. The women who want oral
(Name of Doctor or Nurse)

pills will be given a prescription after I have given them a pelvic exam and diagnosed any possible contra-indications. The women will be told about possible side effects and the problems of discontinuation will also be explained. The women will not be charged more than _____ for my services. They will be told where re-supplies of oral pills are available. In return for my cooperation with this program, I will be given cycles of oral pills by the Health Department at the end of each month. If women return for re-supplies, we will charge not more than _____ per cycle. I will keep records on all new acceptors and return visits and give the Health Department a monthly report on my activities. If a woman wants re-supplies from another source, she is to take her acceptor card to that clinic or depot center. If patients are not given proper information or are over charged for the prescription or re- supplies, this contract will be invalid.

Doctor's or Nurse's Signature

Address

Date

Signature of Project Director

Address

Date