CONTRACT FOR RESUPPLIES OF ORAL PILLS

I, , agree to provide oral pills to women who want to delay

(Name of Person)

having pregnancies and have received their first cycle of oral pills prescribed by a qualified doctor or nurse. I will fill in the appropriate record forms or have someone assist me. At the end of each month, I will get additional cycles of oral pills from a representative of the Health Department or go to the nearest family planning clinic for supplies. I will not charge women more than 10 rials per cycle of pill distributed.

If any woman complains of persistent side effects, I will encourage her to return to the doctor for treatment. I will explain to the woman the possible side effects that may occur as well as problems women have in remembering to take the pills.

This contract is invalid if I charge women more than 100 rials and do not give proper information.

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Signature of Person

Address

Date

Signature of Health Department Representative

Date