

Emergency Contraception Request

Name: _____ Date: _____

Female Male

Date of Birth: _____

Would you like a urine pregnancy test included (extra \$5.00)? yes no

- We recommend that you do a pregnancy test if it has been 28 days or longer since your last period.

Would you like to speak with a nurse about other birth control options? yes no

Would you like to schedule a visit with a health care provider? yes no

Do Not Write Below This Line

- Plan B, #2 tablets dispensed Nauseatrol p.r.n. as needed urine HCG test
- Patient Education; Menses may be early/ later than expected
- RTC if no menses greater that 2 weeks after expected date.
- Encourage regular gyne exams; safe sex practices
- Health education for birth control options
- Other _____

Signature of Provider