



University of Wisconsin Oshkosh
Student Health Center
REQUEST FOR BIRTH CONTROL

ATTENTION STUDENT: An initial appointment must be made to purchase birth control at the Student Health Center by calling 920-424-2424.

I,

Form fields for personal information: Last Name, First Name, Middle, Date of Birth, Student ID #, Street Address, City, State, Zip, Local Phone, Cell Phone.

STUDENT SIGNATURE (REQUIRED) DATE

Request Approval FROM (Student, please complete):

Form fields for clinician and facility information: Name of Clinician, Telephone Number, FAX Number, Name of Health Care Facility, Street Address, City, State, Zip.

THAT THE FOLLOWING MEDICAL INFORMATION: (Clinician, please complete):

Form fields for medical information: Date of Last Physical/Pap Exam, Name of Birth Control/Last Depo date, Expiration of Prescription.

Another examination is required before approval beyond expiration of prescription.

Clinician's Signature DATE

Type or Print Clinician's Name

Telephone Number FAX Number

BE RELEASED TO:

Student Health Center, University of Wisconsin Oshkosh
777 Algoma Blvd, Radford Hall
Oshkosh, WI 54901-8694

Phone: 920/424-2424 FAX 920/424-1769