



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 student information: Last Name, First Name, Middle, Date of Birth, Social Security Number, 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.

Form fields for clinician signature and contact: 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