

STUDENT HEALTH AND COUNSELING

Birth Control Pill Order Form

Please print, complete, and bring to Student Health and Counseling (Davis, Ground Level)

Name: _____ Date: _____

I would like to pick up Birth Control Pills from SHAC.

Quantity: _____ (# of months/cycles)

Currently, birth control pills from Student Health and Counseling are \$10/cycle or month.

Are you enrolled in the MN Family Planning Program?

___ Yes (If so, call Econo Foods Pharmacy [507-645-4489] to see if there are more refills available on your prescription before requesting birth control pills from SHAC)

___ No (If you want to learn more, go to our website under birth control)

NOTE: Our policy is that you will be charged for any prescriptions once requested, whether you pick them up or not.

Your order will be at the front desk within 24 hours of your request. No notice will be sent.

(For Office Use)

Date dispensed: _____

Comments: _____
