

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_

### **Home Pregnancy Test**

Directions for use: Use as directed on package labeling.

Quantity: 2 pregnancy test kits

Refill: PRN Additional

Instructions: Call 1-833-767-3776 for additional counseling or resources.

### **Progestin-Only Oral Contraceptive Tablets (0.075 mg norgestrel) or any other progestin-only OTC daily oral contraceptive medication commercially available and FDA approved for contraception.**

Directions for use: Use as directed on package, take at the same time each day.

Read medication drug facts on package labeling before taking.

Quantity: Up to 6 packs (28 tablets/pack) depending on insurance coverage

Refill: PRN

Additional Instructions: Call 1-833-767-3776 for additional counseling or resources.

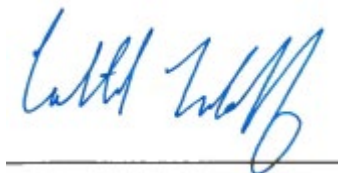
### **Emergency Contraception Levonorgestrel tablet, 1.5mg or any other progestin-only OTC oral emergency contraceptive medication commercially available and FDA approved for contraception (Note, this standing order does NOT include Emergency contraception with ulipristal acetate.)**

Directions for use: Use as directed on package. Read medication drug facts on the package labeling before taking.

Quantity: 1 pack

Refill: PRN

Additional Instructions: Call 1-833-767-3776 for additional counseling or resources.



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**License #:** MD2024-0959