

## Consent to Dispense Contraceptives

**Please note this ENTIRE form MUST be completed before we can dispense contraceptives to your patient**

Client's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_

1 pkg dispensed as per  
 Medical Directive 5-70  
 Date: \_\_\_\_\_  
 PHN Initials: \_\_\_\_\_

As per the College of Nurses of Ontario (CNO) revised Medication practice standards, effective January 01, 2014, the requirements for Registered Nurses (RN) to dispense based on an order have changed. The CNO now requires specific information on the medication order. This will impact The Clinic at Middlesex-London Health Unit. The information required in order for medication to be dispensed by a RN consists of: order date, client name, medication name, dose, route, frequency, quantity, purpose, and prescriber's name, signature and designation.

To complement my client's care, I authorize The Clinic to provide or assist with the purchase of the following medications and/or devices for birth control:

**If faxing please fax to 519-663-8273**

Name of drug/device: \_\_\_\_\_

Number of packs: \_\_\_\_\_ (The Clinic stocks 28-day pills only) Repeats: \_\_\_\_\_

**Check box if client limited to number of packs dispensed per visit**

**Oral Contraceptive**

1 tab po OD x 28 days

**Evra**

apply 1 patch transdermally, leave on for 1 week, remove and apply new patch every week for 3 weeks

**NuvaRing**

insert 1 ring vaginally, leave in for 3 weeks, remove and replace with new ring 1 week later

**Depo Provera**

1 IM injection every 11-13 weeks as directed

**Liberte IUD**

UT 380 (5 Year)  TT380 (10 Year) inserted into uterus

**Purpose:**

for birth control  acne  other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

Office Stamp

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)