



Planned Parenthood
of Northeast and Mid-Penn

P.O. Box 813, Trexlertown, PA 18087 --- (800) 935-0689 --- FAX: (610) 481-0486

PILL-BY-MAIL

I request PPNMP to mail my birth control to me. I understand that if I experience any of the following symptoms, I must contact my PPNMP provider:

Severe Abdominal Pain, Chest Pain, Severe Headache, Vision or Eye Changes, Severe Leg Pain.

NAME _____ SIGNATURE _____

Where would you like your pills/patches mailed?

ADDRESS _____

EMAIL _____ BIRTH DATE _____ PHONE# _____

BIRTH CONTROL METHOD _____ SOCIAL SECURITY# _____

PRICE CATEGORY (Please circle your appropriate category)
A (Title X) - B - C - D - E - F - G - H - Medical Assistance - Select Plan

Based on your last Financial Assessment, your price per pack is..... \$ _____ (1)

Number* of PACK(S)/PATCHES(S) ordered today _____ (2)

*Maximum order is THREE (3) packs. Cost of order - multiply (1) times (2)....\$ _____ (3)

Patients with Prescription Insurance Coverage Add Postage Fee.....\$ +3.00 (4)

Nuva Ring cannot be ordered through the mail. **TOTAL ENCLOSED \$ _____ (5)**

MAIL TO: Planned Parenthood, P.O. Box 813, Trexlertown, PA 18087

Make check and money order payable to PPNMP ~ NO CASH please

Check - Checks sent without a Driver's License # will take an additional 5 days to process.

Drivers License # _____ Issued in State of: _____

Money Order Visa, Master Card, Discover - Complete information below.

Card # _____ 3-digit security code (back of card) _____

Expiration Date _____ Name as it appears on card _____

Signature _____ *Find us on the web at planitpa.org*

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OFFICE USE ONLY: PT# _____ Next Exam By: _____

Notes: _____

Planned Parenthood of Northeast and Mid-Penn is not responsible for lost or damaged items.