

Akron

444 West Exchange St.
Akron, OH 44302
330-535-2671
Fax: 330-535-2987

Canton

2663 Cleveland Ave. NW
Canton, OH 44709
330-456-7191
Fax: 330-456-9679

Galion

401 Harding Way West
Galion, OH 44833
419-468-9926
Fax: 419-468-1280

Mansfield

384 Park Ave. West
Mansfield, OH 44906
419-525-3075
Fax: 419-522-3629

Medina

Plaza 71
2747 Medina Rd.
Medina, OH 44256
330-723-1300
Fax: 330-723-9677

Wooster

334 East Milltown Rd.
Wooster, OH 44691
330-345-7798
Fax: 330-345-7225

**If you are having problems with your pills, please do not request a refill.
Call the office and schedule an appointment.**

*Please complete this form and return with payment to the appropriate office,
Or fax your order with your credit card (AMEX/Visa/Master Card/Discover)/debit card number.*

Name: _____

Date of Birth: _____ **Phone Number:** _____

If we call, may we identify ourselves as:

Planned Parenthood Drs. Office Code Name: _____

Address where you would like your pills to be mailed:

If you do not live at this address, please provide the name of the person that will be receiving your pills! Otherwise you may not receive your order!

C/o: _____

**All orders must be prepaid (except Medicaid) and Client must sign below.
Please allow 14 days for delivery.**

I wish to receive _____ pack(s) of birth control pill(s) and/or _____ dozen condoms.

To calculate how much you need to send:

Cost per pack _____ multiply by # _____ of pack(s) = \$ _____

Cost per dozen of condoms _____ multiply by # _____ of dozen = \$ _____

TOTAL DUE = \$ _____

Method of Payment:

Medicaid – Please circle plan:

Traditional Buckeye CareSource Molina Wellcare Unison

Check # _____ Money Order _____

Credit Card

Type     (please circle)

Card number: _____ SEC code* _____ Exp. Date _____

* For Visa, MC and Discover this is the last 3 digits on the signature line on the back of the card. For American Express this is the 4-digit code on the front of the card.

Complete billing address (where credit card statement is mailed): _____

Name as it appears on credit card: _____

Cardholder Signature: _____ Date: _____

Office Use Only

You now have _____ packs of _____ left on your order with Planned Parenthood. Your order expires _____, please schedule an appointment before this date.

Thank you for your order!

Place Client Label Here