

Bedford

19550 Rockside Rd.
Bedford, OH 44146
440-232-8381
Fax: 440-232-9371

Cortland

2668 Elm Rd.
Building C Suite I
Cortland, OH 44410
330-399-5104
Fax: 330-395-2231

Kent

152 East Main St.
Kent, OH 44240
330-678-8011
Fax: 330-678-3877

Ravenna

209 Chestnut St. Suite 203
Ravenna, OH 44256
330-296-7526
Fax: 330-296-1052

Solon

33790 Bainbridge Rd.
Suite 101
Solon, OH 44139
440-349-5998
Fax: 440-394-1564

Youngstown

77 East Midlothian Blvd.
Youngstown, OH 44507
330-788-2487
Fax: 330-788-8620

**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