

**YOU MUST HAVE A CURRENT PRESCRIPTION FOR BIRTH CONTROL FROM PPSCM TO USE THIS SERVICE.**

**To Order** complete this form and mail it to Planned Parenthood of South Central Michigan in Kalamazoo.

*NOTE: To ensure that your supplies arrive on time, place your order when you begin your last pack of pills or patch.*

Name \_\_\_\_\_

Account/Chart# \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Can we say Planned Parenthood if we call?  Yes  No

**Pills, Etc. by Mail Agreement**

- 1) I understand that Planned Parenthood of South Central Michigan and I are partners in my reproductive health care needs. However, I know that I am responsible for using my birth control method correctly.
- 2) I will contact Planned Parenthood of South Central Michigan immediately if I have any symptoms listed in the package insert enclosed or if I have any questions.
- 3) I understand that I must pay any outstanding balance due Planned Parenthood of South Central Michigan before I will be mailed any supplies.
- 4) I will not sell/give these supplies to anyone else.
- 5) I understand that if any person other than myself opens my mail, I will not hold Planned Parenthood of South Central Michigan responsible for any perceived breach of confidentiality.
- 6) I understand that Planned Parenthood of South Central Michigan is not responsible for supplies lost in the mail; however, I will call if my supplies do not arrive on time.
- 7) I understand that a copy of this agreement will be kept in my file.

**I have read and understand this agreement**

Signature \_\_\_\_\_

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

**Pills, Etc. by Mail Order Form**

*Supplies by mail are FULL PRICE. Sliding fee scale does NOT apply.*

**Enter Your Order** (shipping & handling — \$3.00 per order)

Product	# of items	Price per	Total Cost
*Pills _____	x _____	= _____	_____
Patch _____	x _____	\$ 45.00	_____
Latex Condoms _____	x _____	\$ 3.00	_____
Non-Latex Condoms _____	x _____	\$ 10.00	_____
Diaphragm Jelly _____	x _____	\$ 10.00	_____
<b>SHIPPING &amp; HANDLING</b>			<b>\$3.00</b>
<b>TOTAL</b>			_____

- \*Pill Type:**
- Ortho Tri-Cyclen Low ... \$45/pk
  - Tri-Cyclen ..... \$12/pk
  - Lutera ..... \$30/pk
  - Levora ..... \$30/pk
  - Cyclen ..... \$12/pk
  - Microgestin 1.5/30 ..... \$30/pk
  - Necon 1/35 ..... \$30/pk
  - Micronor ..... \$30/pk

**DO NOT SEND CASH!**

**Method of Payment: (Check One)**

- Check/Money Order Enclosed  Visa  Discover  Mastercard

Name on card \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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

Checks should be made payable to:

**Planned Parenthood of South Central Michigan (PPSCM)**  
 4201 W. Michigan Ave.  
 Kalamazoo, Michigan 49006

**Questions? Call us!**

**269.372.1200** or toll free in the 269, 616 & 231 area codes  
**800-559-9093**

