

# Refill Request: Birth Control and Condoms

(Birth Control Pills and Patches only; NuvaRings cannot be mailed due to temperature requirements)

For Health Center mailing addresses and fax numbers, please see Page 2.

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

**To order your refills, you have the following options:**

- 1) Mail this form to your health center to have your refills mailed.
  - 2) Fax this form to your health center to have your refills mailed.
  - 3) Call the health center & speak to staff to have your refills mailed.
  - 4) Call the health center & speak to staff to pick up your refills at your health center.
- (Please allow 2 full business days for us to process a pickup order.)**

**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 refills to be mailed:**

C/o: \_\_\_\_\_  
\_\_\_\_\_

I wish to receive \_\_\_\_\_ refill(s) of birth control and/or \_\_\_\_\_ dozen condoms.  
To calculate how much you need to send:

Cost per refill \_\_\_\_\_ multiply by # \_\_\_\_\_ of refill(s) = \$ \_\_\_\_\_

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

**Would you like to make a donation today?** \$ \_\_\_\_\_

**TOTAL DUE = \$ \_\_\_\_\_**

\*If you are unsure about the cost of your birth control, please contact your health center\*

**Method of Payment:**

- Medicaid or Medicaid HMO  
 Check or Money Order # \_\_\_\_\_  
 Credit Card

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Last 3 numbers on the signature line \_\_\_\_\_

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

Name as it appears on credit card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW 14 DAYS FOR DELIVERY.**

**Office Use Only**

You now have \_\_\_\_\_ refill(s) 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

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### Planned Parenthood of Greater Ohio Health Centers

**Akron**

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

**Athens**

1005 East State Street  
Suite W  
Athens, OH 45701  
Phone: 740-593-6979  
Fax: 740-593-8223

**Bedford Heights**

25350 Rockside Rd.  
Suite 100  
Bedford Heights, OH 44146  
Phone: 440-232-8381  
Fax: 440-374-4967

**Canton**

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

**Circleville**

(mail to Franklinton Health Center)  
1511 West Broad Street  
Columbus, OH 43222  
Phone: 740-474-4741  
Fax: 614-222-3608

**Cleveland**

7997 Euclid Ave.  
Cleveland, OH 44103  
Phone: 216-851-1880  
Fax: 216-707-9370

**Old Brooklyn**

PO Box 609009  
Old Brooklyn, OH 44109  
Phone: 216-661-0400  
Fax: 216-661-2238

**East**

3255 East Main Street  
Columbus, OH 43213  
Phone: 614-222-3531  
Fax: 614-222-3529

**Franklinton**

1511 West Broad Street  
Columbus, OH 43222  
Phone: 614-222-3525  
Fax: 614-222-3608

**North/Campus**

18 E. 17<sup>th</sup> Ave.  
Columbus, OH 43201  
Phone: 614-222-3604  
Fax: 614-222-3612

**Cortland**

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

**Delaware**

(mail to North Health Center)  
18 E. 17th Ave.  
Columbus, OH 43201  
Phone: 614-222-3604  
Fax: 614-222-3612

**Orchard Centre**

(mail to Jefferson Ave. Health Center)  
1301 Jefferson Avenue  
Toledo, OH 43604  
Phone: 419-255-1115  
Fax: 419-255-2500

**Kent**

138 East Main St.  
Suite 202  
Kent, OH 44240  
Phone: 330-678-8011  
Fax: 330-678-3877

**Lorain**

200 W 9th St.  
Lorain, OH 44052  
Phone: 440-242-2087  
Fax: 440-242-2089

**Mansfield**

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

**Medina**

4018 Medina Road  
Suite C  
Medina, OH 44256  
Phone: 330-723-1300  
Fax: 330-723-9677

**Rocky River**

20800 Center Ridge Rd.  
Suite 101  
Rocky River, OH 44116  
Phone: 440-331-8744  
Fax: 440-331-4245

**Jefferson Avenue**

1301 Jefferson Avenue  
Toledo, OH 43604  
Phone: 419-255-1115  
Fax: 419-255-2500

**Wooster**

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

**Youngstown**

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