



Planned Parenthood of Greater Ohio

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

Refill Request: Birth Control and Condoms

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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

Cleveland

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

Delaware

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

East Columbus

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

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 Rd., Suite C
Medina, OH 44256
Phone: 330-723-1300
Fax: 330-723-9677

North/Campus

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

Old Brooklyn

3311 Broadview Rd
Cleveland, Ohio 44109
Phone: 216-661-0400
Fax: 216-661-2238

Rocky River

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

Toledo

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

Warren

375 North Park Ave
NW, Suite 1, Warren
OH 44481 Phone:
330-399-5104 Fax:
330-395-2231

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