

## St. Cloud State University

Student Health Service  
720 Fourth Avenue South  
St. Cloud, MN 56301-4498  
Phone (320) 308-3191  
Fax (320)308 3192

To Whom It May Concern:

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Is requesting to receive Depo Provera at Student Health Service.

Please provide the following:

1. A **Signed Order** which includes
  - Name of Drug
  - Dose
  - Frequency
  - Route
  - End Date
  - Diagnosis or Reason for Injection. If it is being prescribed for something other than contraception please provide supporting records.
  
2. The date and injection site of her most recent injection.