

St. Cloud State University

Medical Clinic

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 SCSU Medical Clinic.

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.