

Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology
www.myobgynoffice.com

CONSENT FOR MEDICATION ADMINISTRATION

Patient Name: _____

Patient ID#: _____ D.O.B. _____

I was provided with the manufacturer's patient information.

I have completely read the information and I understand the information.

I have had the opportunity to ask questions about the product I am using.

I feel the course of treatment/medication is my best alternative and I am aware of other treatments that are available.

I understand rare or unknown side effects which are not listed can occur with any medical treatment.

I do not hold any physician responsible for failures or complications caused by a defective product or unknown effect.

_____ Lupron-Depo _____ Depo-Provera

_____ Intra-Uterine Device _____ Nexplanon

_____ Other: _____

Patient Signature

Date

Witness

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