

CONTRACEPTION: Provider Notification

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Pharmacy Name:	Pharmacy License:	
Pharmacy Address:		
City:	State:	ZIP Code:
Pharmacy Phone: ()	Pharmacy Fax: ()	
Pharmacist Name:	Pharmacist License:	

Dear Provider, _____

Your patient _____, ___ / ___ / ___ (DOB) was:

Dispensed contraception at our Pharmacy on ___ / ___ / ___ (mm/dd/yyyy) noted above.

The prescription issued and dispensed consisted of:

- Drug: _____
- Directions: _____
- Quantity: _____
- The patient was dispensed up to 12 months of medication pursuant to patient preference and insurance limitations.

You are receiving this notice in accordance with Education Law § 6801(9)(d), which requires the dispensing pharmacist to notify the patient’s primary health care practitioners within 72 hours of dispensing self-administered hormonal contraception to a patient, unless a patient opts out of prescriber notification. If the patient does not have a primary care provider or is unable to provide contact information for their primary care provider, you must provide the patient with a written record of the contraceptives dispensed and advise the patient to consult an appropriate provider.