

FPPharm (pharmacists prescription) for supply of Levonelle 1500

Pharmacy Stamp

Patient's Initials

Product supplied	tick
Levonelle 1500 tablets	
C Card condoms	
Chlamydia test kit	
Advice only (no medication)	

To be completed by the patient: I have received advice (and medication)

Signed (initials only)..... Date.....

To be completed by the pharmacist: I confirm that the patient is eligible to receive the items supplied as above in accordance with the service agreement for the supply of emergency hormonal contraception

Signed Date.....