

2011 Compassionate Contraceptive Assistance Program - Request Form

Fax/Téléc. : 1-866-888-7455



THE SOCIETY OF OBSTETRICIANS
AND GYNAECOLOGISTS OF CANADA

780 promenade Echo Drive, Ottawa, Ontario K1S 5R7
Tel/Tél.: 1 800 561-2416 or/ou (613) 730-4192
www.sogc.org

All information requested must be completed in order to process this request.

- * Note:
- A tracking number will be assigned and emailed to you by the SOGC upon confirmation of your order.
 - Contact the SOGC if you have not received a confirmation of your order within two business days.
 - Allow 4-6 weeks for product delivery.
 - The Compassionate Contraceptive Assistance Program provides free prescriptions for the specified duration to patients whose financial hardship becomes a barrier to obtaining contraceptives. You may re-submit another application following this period should your patient continue to meet the Program's criteria.

Prescribing Physician Information (Please print, type or stamp.)

Name: _____

Office/Clinic Name: _____

Office/Clinic Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____

E-mail address (required to receive tracking number): _____

Dosing Information

- Alesse** - 28-day - 6 months
- Marvelon** - 21-day - 6 months
- Tri-Cyclen Lo** - 28-day - 6 months
- Yasmin** - 28-day - 6 months
- YAZ 24/4 day** - 28-day - 6 months
- EVRA Transdermal Contraceptive Patch** - 3 months
- NuvaRing Vaginal Contraceptive Ring** (*cold chain broken*) - 2 months

- To the best of my knowledge this patient, for whom this request is submitted, is not covered by a drug reimbursement plan and cannot afford the medication and/or insurance co-payment fee. This program is for compassionate use only.

Physician's Signature: _____ License Number: _____

Physician's Printed Name: _____ Date: _____

Tracking number assigned by the SOGC: _____

FOR PHYSICIAN'S OFFICE USE ONLY

Please complete and save this portion for your office file AFTER you fax the form to toll-free number **1-866-888-7455**.

Patient's Name: _____

Date of Birth: _____ File Number: _____