

# Supply of levonorgestrel 1500mcg (Levonelle<sup>®</sup>-1500) for Emergency Hormonal Contraception by pharmacists

Complete the form and retain in the pharmacy

## Confirmation and consent

- Fraser competence has been assessed
- The patient is to be referred  
to.....  
and EHC has not been supplied  
*delete if not applicable*
- I confirm that I have discussed the actions, usage and side effects of  
using Levonelle<sup>®</sup>-1500 for emergency contraception and understand the  
information given.
- This supply is for a free-of-charge contraceptive and no prescription  
charges are due

Name of supplying pharmacist: \_\_\_\_\_

Signature of pharmacist: \_\_\_\_\_

Signature of client: \_\_\_\_\_

Pharmacy stamp

Date: \_\_\_\_\_

