Millersville University
HEALTH SERVICES

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Phone: 717.871.5250
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Depo Provera (Medroxyprogesterone) Injection Order

Prescribing Agent: Please complete and sign this form to provide orders for administering the prescribed medication, per our safety protocol. Any patient receiving medications must have a completed form on file. This form must be updated **annually.**

PLEASE PRINT CLEARLY:

Patient's Name: _____ DOB: _____

Physician's Name: _____

Physician's Address: _____

Phone: _____ Fax: _____

Medication Order

- **Depo-Provera (Medroxyprogesterone) 150 MG IM every 3 months for one year**

If Depo Provera order is different from the above, please write new order on the space below:

Medication Name: _____ Dose: _____ Route: _____

Medication Frequency: _____

- **Date of last Depo injection:** _____**Injection Site**: _____

Special Instructions:

_____

_____

_____ _____
Prescribing Provider signature Date

****PLEASE FAX COMPLETED FORM TO HEALTH SERVICES AT 717-871-7926 ****

Millersville University Health Services Office Use Only

Reviewed by _____ MD / CRNP Date:_____