Millersville University
HEALTH SERVICES

Lyle Hall- 2nd Floor
40 Dilworth Road
Millersville, PA 17551
717-871-5250 • FAX: 717-871-7926
E-MAIL: health.services@millersville.edu

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(IM or SQ) _____

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 Use

Reviewed by _____MD/CRNP Date_____