

**CONSENT FOR  
ORAL CONTRACEPTIVE, DEPO-PROVERA, ORTHO EVRA,  
EMERGENCY CONTRACEPTION**

**I acknowledge that I have been thoroughly counseled by the Health Center Staff regarding the possible serious side effects that may be associated with the use of  
\_\_\_ oral contraceptives, \_\_\_ Depo-Provera, \_\_\_ OrthoEvra, \_\_\_ Emergency Contraception**

**I have been given written and/or verbal information describing the benefits, risks, side effects, and emergency warning signs associated with the use of  
\_\_\_ oral contraceptives, \_\_\_ Depo-Provera, \_\_\_ OrthoEvra, \_\_\_ Emergency Contraception**

\_\_\_\_\_ **Received information on Depo-Provera Contraceptive Injection and its associated effect on bone mineral density (BMD) [Pfizer update 11-18-2004]**

\_\_\_\_\_ **Received information on Ortho Evra and increased risk of side effects [Otho-McNeil Pharmaceutical 11-05]**

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