

# Refill Request: Birth Control and Condoms

For Health Center mailing addresses and fax numbers, please see Page 2.

**If you are having problems with your birth control method, please do not request a refill. Call the office and schedule an appointment.**

**To order your refills, you have the following options:**

- 1) Mail this form to your health center to have your refills mailed.
- 2) Fax this form to your health center to have your refills mailed.
- 3) Call the health center & speak to staff to have your refills mailed.
- 4) Call the health center & speak to staff to pick up your refills at your health center.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**If we call, may we identify ourselves as:**

- Planned Parenthood     Drs. Office     Code Name: \_\_\_\_\_

**Address where you would like your refills to be mailed:**

**C/o:** \_\_\_\_\_  
\_\_\_\_\_

I wish to receive \_\_\_\_\_ refill(s) of birth control and/or \_\_\_\_\_ dozen condoms.  
To calculate how much you need to send:

Cost per refill \_\_\_\_\_ multiply by # \_\_\_\_\_ of refill(s) = \$ \_\_\_\_\_

Cost per dozen of condoms \_\_\_\_\_ multiply by # \_\_\_\_\_ of dozen = \$ \_\_\_\_\_

**Would you like to make a donation today?** \$ \_\_\_\_\_

**TOTAL DUE = \$** \_\_\_\_\_

\*If you are unsure about the cost of your birth control, please contact your health center\*

**Method of Payment:**

- Medicaid or Medicaid HMO  
 Check or Money Order # \_\_\_\_\_  
 Credit Card

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Last 3 numbers on the signature line \_\_\_\_\_

Complete billing address (where credit card statement is mailed): \_\_\_\_\_  
\_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ALLOW 14 DAYS FOR DELIVERY.**

**Office Use Only**

You now have \_\_\_\_\_ refill(s) of \_\_\_\_\_ left on your order with Planned Parenthood. Your order expires \_\_\_\_\_, please schedule an appointment before this date.

Thank you for your order!

Place Client Label Here

## Planned Parenthood of Greater Ohio Health Centers

### **Akron**

444 West Exchange St.  
Akron, OH 44302  
Phone: 330-535-2671  
Fax: 330-535-2987

### **Athens**

1005 East State Street  
Suite W  
Athens, OH 45701  
Phone: 740-593-6979  
Fax: 740-593-8223

### **Bedford Heights**

25350 Rockside Rd.  
Suite 100  
Bedford Heights, OH 44146  
Phone: 440-232-8381  
Fax: 440-374-4967

### **Canton**

2663 Cleveland Ave. NW Canton,  
OH 44709  
Phone: 330-456-7191  
Fax: 330-456-9679

### **Cleveland**

7997 Euclid Ave.  
Cleveland, OH 44103  
Phone: 216-851-1880  
Fax: 216-707-9370

### **Franklinton**

1511 West Broad  
Street Columbus, OH  
43222 Phone:  
614-222-3525 Fax:  
614-222-3608

### **Kent**

138 East Main St.  
Suite 202  
Kent, OH 44240 Phone:  
330-678-8011 Fax:  
330-678-3877

### **Lorain**

200 W 9th St.  
Lorain, OH 44052  
Phone: 440-242-2087  
Fax: 440-242-2089

### **Mansfield**

384 Park Ave. West  
Mansfield, OH 44906  
Phone: 419-525-3075  
Fax: 419-522-3629

### **North/Campus**

18 E. 17<sup>th</sup> Ave.  
Columbus, OH 43201  
Phone: 614-222-3604  
Fax: 614-222-3612

### **Old Brooklyn**

2186 Brookpark Road  
Cleveland, OH 44134  
Phone: 216 661 0400  
Fax: 216-661-2238

### **Rocky River**

21016 Center Ridge Rd.  
Rocky River, OH 44116  
Phone: 440-331-8744  
Fax: 440-331-4245

### **Toledo**

1301 Jefferson Avenue  
Toledo, OH 43604  
Phone: 419-255-1115  
Fax: 419-255-2500

### **Warren**

375 North Park Ave NW,  
Suite 1, Warren OH  
44481 Phone:  
330-399-5104 Fax:  
330-395-2231

### **Youngstown**

77 East Midlothian Blvd.  
Youngstown, OH 44507  
Phone: 330-788-2487  
Fax: 330-788-8620