

## DEPO-PROVERA FLOW SHEET

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical record number: \_\_\_\_\_

Doctor's order to give Depo-Provera 150 mg IM q 3 mo: \_\_\_\_\_ MD/DO

Date of injection (mm/dd/yyyy)	Injection within 3 months of last injection? <b>If "no," perform UCG.</b>	UCG results (if indicated) <b>If positive, do not give shot.</b>	Billing completed by nurse	Lot #	Nurse's initials
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> 99211 (visit) <input type="checkbox"/> J1055 (depo) <input type="checkbox"/> 81025 (UCG)		

Notes: