gatewayhealth
PEOPLE LIVING WELL

Wangaratta
PO Box 224,
Wangaratta 3676
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F: (03) 5722 2313
E: info@gatewayhealth.org.au

Wodonga
155 High St,
Wodonga, VIC 3690
T: (02) 6022 8888 Freecall: 1800 657 573
F: (02) 6024 5792
E: info@gatewayhealth.org.au

Date

Pharmacy Address

Re: Client Name, DOB

This client has attended a consultation with Dr……. at Gateway Health, Wodonga, and has consented to the treatment of Mifepristone Linepharma (Mifepristone) and GyMiso® (Misoprostol) for termination of early pregnancy.

As per the MS-2 Step™ process, Dr…….has prescribed oral Mifepristone 200mg which administration of must be observed by and Misoprostol 800mcg to be taken at home 36-48 hours later.

Please use the reply notification at the bottom of this letter to confirm you have witnessed the client complete the first step of the MS-2 Step™ process.

Thank you,

Sexual Health Nurse

Please do not dispense this medication after:

REPLY NOTIFICATION FORM

Attention: Sexual Health Nurse Clinic 35

GATEWAY HEALTH

Client: _____ DOB: _____

Witnessed patient being administered medication: YES/ NO (Please circle)

Signature: _____ Name: _____

Date of service: _____

OFFICE USE ONLY:
Received:
Signed:
Scan to BP Inbox: Y / N

Practice Information:
Gateway Health
155 High Street, Wodonga 3690