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|  |                              |
|                                                                                         |  **Southampton Sexual Health Services** |
| Ref:  | B Level, Unit 4, Royal South Hants Hospital |
|   | Brintons Terrace,  Southampton |
| Date:  |  SO14 0YG |
|   |  Tel: 0300 300 2016 |
| **Private & Confidential**                                                                   | [www.solent.nhs.uk](http://www.solent.nhs.uk) |
|  [www.letstalkaboutit.nhs.uk](http://www.letstalkaboutit.nhs.uk) |
| Patient address  |   |

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| --- |
| Dear  |

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| **Re**:        |  **DOB**:      |  **Patient ID**: Not known  |

|  |
| --- |
| **Address**:    |

**Notification of Initiation of Sayana Press (subcutaneous medroxyprogesterone acetate).**

This patient attended a Sexual Health Clinic at the (insert location) and after appropriate counselling has chosen to use Sayana Press as their method of contraception.

 At their appointment on the (ADD DATE) they had no contraindications and therefore were taught how to administer the subcutaneous injection and were observed self-administering the injection.

**Additional comments/special instructions:**

Please can you provide future prescription of Sayana Press and access to a sharps bin. The next prescription is due (ADD DATE).

We have also included a GP information leaflet.

Yours sincerely

Clinic Doctor/Nurse