

To Whom It May Concern,

My patient, _____

Suffers from the following complication(s) of ovulation and menstruation:

- ____ ovarian cysts
- ____ dysmenorrhea
- ____ premenstrual mood changes
- ____ cyclic headaches
- ____ endometriosis
- ____ uterine fibroids
- ____ adenomyosis
- ____ anemia
- ____ excessive menstruation (menorrhagia)
- ____ family history or risk for reproductive cancers
- ____ use of a medication or a medical condition which requires stable hormone levels
- ____ other: _____

For these reasons I have prescribed menstrual cycle suppression using the combination oral contraceptive taken continuously, one pill daily, without a break or withdrawal bleeding week for the duration of the use of the medication.

Please allow coverage of these hormone pills with an adequate number for a month supply as for any medication required daily.

I have prescribed one of the following formulations which can be dispensed as either a generic or brand name product (the patient's choice).

_____ 20 mcg ethinyl estradiol and 100 mcg levonorgestrel (Alesse)

_____ 20 mcg ethinyl estradiol and 1000 mcg norethindrone acetate (Loestrin 1/20)

She was given instructions to take this orally once a day within the same 4 hour window of time. She can begin the medication the day of the prescription with back up contraception for the first 7 days even if she is directly switching from another hormonal contraceptive. She was told that irregular bleeding is very common in the first few months of use and given a handout about this. She was also informed that continuous use of 21/7 formulations is not a labeled use by the FDA however there are many publications regarding this continuous use demonstrating effectiveness.

Please call me if there are any difficulties or questions regarding this treatment. See attached office prescription with the clinic information.