**APPENDIX**

**Pharmacy Based**

**Young Women’s EC Activity Log**

Quarter Period: 2019-2020

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| **Date of**  **Consultation** | **Type of EC provided** | **Referred for LARC IUCD** | **Additional Comments** |
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| ADDITIONAL COMMENTS: |
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Pharmacy Name

Address:

Signed on behalf of the Pharmacy:……………………………………………….………………………………

Name:……………………………………………………………………