Physician Dispensing Agreement Form

- If you have questions regarding this agreement, please call (502) 564–7963.
- Please return the completed form with your Application for Registration to Provide Abortion-Inducing Drugs, Form OIG 20-365A, to:
  
  Cabinet for Health and Family Services  
  Office of Inspector General  
  Division of Health Care  
  275 E. Main St., 5 E-A  
  Frankfort, KY 40621

Agreement:

By signing this form, you agree that you meet the qualifications below and will follow the guidelines for use of the drug you are prescribing.

Abortion-inducing drugs must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:
  - Ability to assess the duration of pregnancy accurately.
  - Ability to diagnose ectopic pregnancies.
  - Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
  - Has read and understood the prescribing information for the drug being prescribed.

In addition to meeting the qualifications above, you also agree to follow these guidelines for use:
  - Discuss the use of the drug with the patient and fully explain the risks of the treatment regimen.
  - Answer any questions the patient may have prior to receiving the drug.
  - Provide the patient with a copy of the drug manufacturer’s patient information.
  - Record the serial number from the prescribed drugs in each patient’s record.
  - Report complications and adverse events, identifying the patient by a non-identifiable patient reference and the serial number from the drugs dispensed.

You also agree that you will comply with the requirements of KRS 216B.200 – 216B.210, 311.7731 – 311.7736, and 902 KAR 20:365.

Signature ___________________________________________ Date __________________________

Name ___________________________________________  
(Typed or Printed)