



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 shall only be provided by a qualified physician registered with the cabinet as a nonsurgical abortion provider who meets the following qualifications:

- Is licensed to practice medicine and is in good standing in Kentucky.
- Ability to assess the duration of pregnancy accurately.
- Has read and understood the prescribing information for the drug being prescribed.
- Meets the eligibility requirements of KRS 216B.206.

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.
- Meet the requirements established by KRS 216B.206.
- Report complications and adverse events in accordance with KRS 311.7736.

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)