



## POLICY AND PROCEDURE UPDATE FORM

1. Name of Policy/Procedure:

2. Suggestions to improve/change/add information: (Be specific.)

3. References:

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Name

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Date

Send or fax completed form to: Nurse Consultant  
Family Planning Program  
ND Department of Health  
600 E. Boulevard Ave., Dept. 301  
Bismarck, ND 58505-0200  
Fax: 701.328.1412

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