

PATIENT INFORMATION

To be completed by patient having abortion (Please Print)

Name _____ Date _____

PATIENT WARNING

- DO NOT consent to an abortion until after the doctor who will be performing the procedure has completed and signed the PHYSICIAN DISCLOSURES section below AND returned this document to you.
- DO NOT allow anyone to destroy this document or take it away from you.
- This document is not a substitute for professional legal advice and you may have rights beyond those included here. If you need additional information, talk to an attorney BEFORE having the procedure.

PHYSICIAN DISCLOSURE

To be completed by the physician performing the abortion (Please Print)

NAME of PHYSICIAN

NAME of FACILITY WHERE ABORTION PERFORMED

FACILITY STREET ADDRESS

FACILITY CITY AND STATE

PHYSICIAN'S MALPRACTICE INSURANCE
COMPANY

MALPRACTICE INSURANCE POLICY NUMBER

MALPRACTICE INSURANCE \$ LIMIT AND
EXPIRATION DATE

NAME OF EMERGENCY CARE FACILITY WHERE
PATIENT WILL BE SENT IF SHE IS INJURED AS A
RESULT OF THE PROCEDURE.

By my signature herein, I state that: (a) I am the person who will be performing the abortion procedure on the patient named in this document; (b) all the information I provided above is true and accurate; (c) I am a physician licensed to practice medicine in this state; (d) my license to practice medicine has never been suspended, revoked or surrendered in this or any other state; (e) my medical malpractice insurance policy with the company named above is current and fully paid; (f) I have never had any claims or judgments against me for medical malpractice, personal injury or wrongful death; (g) if this patient is injured while in my care, she will be immediately transferred by ambulance to the emergency facility named above; (h) if this abortion is to be performed by chemical means (Medical Abortion), I will strictly adhere to all of the drug manufacturer's protocol including, but not limited to, dosage amounts, gestational age limitations, subsections regarding oral or vaginal administration, sonogram use, and recommended follow-up procedures; and (i) if any abortion procedure that I perform on this patient fails or is incomplete, I will perform - at no additional cost to the patient or any third party - any and all subsequent medical procedures necessary to complete the abortion procedure.

PHYSICIAN SIGNATURE

DATE

PATIENT RIGHTS

for women seeking abortion



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Know your patient rights

YOU HAVE LEGAL RIGHTS

...to insist that your abortion can only be performed by a licensed physician.

...to know the medical malpractice history of the physician and to know whether his or her license has ever been suspended or revoked.

...to know if this physician has an insurance policy that will protect you in case you are injured or killed during the procedure.

...to insist that if you are injured during your abortion, you are to be immediately transferred by ambulance to the nearest emergency hospital or trauma center.



Scan to watch a video showing the two most common abortion procedures, including a description of their known risks.

AT THE CLINIC

At the abortion clinic, you will be given some papers to sign. These documents are not designed to protect you. They are designed to protect the physician, the medical staff and the clinic. To protect yourself, follow these guidelines:

- **DO NOT** sign anything until you have read it completely and are certain that you fully understand everything it is saying.
- **DO NOT** sign anything that contains blank spaces or information that you believe is either incomplete or inaccurate.
- **DO NOT** sign anything that says you will not sue the clinic or doctor if you are injured or killed during the abortion.
- **DO NOT** have the abortion until you have been given a copy of everything you signed.

SAFETY NOTICES

Even life-threatening abortion inquiries are not always apparent at the time of the procedure. If you experience any unusual physical problems in the weeks or months that follow your abortion, seek medical attention **immediately** as you may be having complications from your abortion.

You should also seek **immediate** medical attention if you suspect that you may still be pregnant after the abortion. You could have an ectopic or tubal pregnancy that ruptures and causes your death.

If you are a minor, let your parents know **immediately** about any problems that you think might be related to the abortion. Do this even if you had the abortion without your parent's knowledge. Your silence could kill you!

THE ABORTION PILL

Abortions are sometimes done by chemical means. This is generally called a "Medical Abortion." Abortion providers often reduce their costs of doing these procedures by ignoring some of the drug manufacturer's guidelines. **This can result in serious injury or death.** To avoid that possibility, never consent to a chemical abortion procedure until after the physician has assured you that he or she will follow all the drug manufacturer's recommendations. (This assurance is part of the Physician Disclosures section of this document.)

FORCED ABORTION

Regardless of your age, marital status or any other factor, **no one has the legal right to make you have an abortion.** If someone tries to force or intimidate you into making this decision against your will, immediately contact the organization that gave you this document.

QUESTIONS?

If you have more questions about any of the information above, please do not hesitate to reach out to us at the contact information below. We are here for you!



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