



## INFORMATION AND CONSENT FOR ABORTION BY PILL

The purpose of this form is to inform you about the abortion by pill procedure that you are considering. You should read this form carefully, and ask any questions that you may have, before you decide whether or not to provide your consent. Your signature below indicates that you have read, understand, and agree with the information in this form. Desert Star Family Planning shall be referred to hereafter as "DSFP".

\_\_\_\_ I, \_\_\_\_\_, have been informed, and understand to my complete satisfaction, the options available regarding my current pregnancy. My options are: (1.) continuation of the pregnancy, (2.) adoption, and (3.) abortion, and I choose to have an abortion to end this pregnancy.

\_\_\_\_ I acknowledge that I am acting on my own behalf, and that my decision to have an abortion is voluntary.

\_\_\_\_ I certify that I am not terminating my pregnancy due to the sex or race of the fetus.

\_\_\_\_ I have received information about the treatments and procedures that may be provided. This information included the risks, benefits, possible problems and complications, and alternatives available to me. I have had the opportunity to ask questions about this information, and may do so at any point if I decide that I need further clarification.

\_\_\_\_ I also understand that I may choose a surgical abortion as an alternative to abortion by pill. I choose a pill method for my abortion. I understand that I may request a surgical abortion at any time, even if I have already taken the pills.

\_\_\_\_ I have been provided with a full explanation of the abortion by pill procedure that will be used for my abortion, and what to expect after the abortion. I have no questions at this time.

\_\_\_\_ I understand that abortion by pill is a safe procedure. However, I am aware that no guarantees have been made to me, and that complications can occur with any medical procedure. I have received information about the risks involved, and I feel that the benefits of having the abortion outweigh these risks.

\_\_\_\_ I am aware that, although uncommon, certain complications may occur with abortion procedures performed by qualified and competent medical doctors. The risks that exist include, but are not limited to, the following:

- a. heavy bleeding, which may require uterine aspiration;
- b. an incomplete abortion or missed abortion, which may require aspiration;
- c. infection of the uterus, fallopian tubes, or ovaries;
- d. emotional upset;
- e. allergic reaction to medications or other products;
- f. death.

\_\_\_\_ I certify that I do not plan to travel for the next two (2) weeks after beginning the abortion by pill procedure.

\_\_\_\_ I authorize DeShawn Taylor, M.D., and her associates or assistants to perform my abortion, as well as any other necessary services.

In the event of an emergency, I authorize the doctor to perform any procedure deemed necessary for my well-being.

\_\_\_\_ I have been informed that if I have any problems or need medical advice regarding my abortion, I can seek help at DSFP during normal business hours, and that DSFP staff are also available 24 hours a day by telephone.

\_\_\_\_ I understand that if I have any questions or complications, it is my responsibility to contact DSFP. If I should be unable to reach DSFP through their 24-hour answering service, it is my responsibility to seek

whatever emergency care is available. Financial responsibility for care not rendered by DSFP is mine; however, any emergency care provided by DSFP is without additional cost to me.

\_\_\_\_\_ I consent to the exchange of medical records between Desert Star Family Planning and any other provider, physician, hospital, or clinic pertaining to my medical treatment.

\_\_\_\_\_ I am fully aware of, and completely understand, all information presented on this consent form. I voluntarily consent to the performance of an abortion by pill procedure. I hereby release DSFP, the attending clinicians, and their staff from any liability or responsibility for any condition that results from performing this procedure.

- ***I have been informed, and understand to my complete satisfaction, that my abortion procedure at DSFP will require the use of two medications: mifepristone and misoprostol.***
- ***I understand that taking mifepristone is the start of my abortion procedure. I realize that I must be completely certain about my decision to have an abortion before I take the mifepristone. I am aware that not proceeding with the abortion after taking mifepristone is against DSFP medical advice, and may cause complications which include, but are not limited to, miscarriage, excessive bleeding, and certain birth defects if the pregnancy is carried to term.***

**I consent to an abortion by pill procedure at Desert Star Family Planning on this date. I have received written instructions for my aftercare following the abortion procedure, and understand these instructions.**

Patient's printed name: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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This patient, named above, has received an explanation of the nature, purpose, benefits, risks, and alternatives to the proposed procedure. I have offered to answer any questions, and have fully answered any questions from the Patient. I believe that this patient fully understands the procedure, and its possible consequences, and has made a fully informed decision to consent to the procedure.

Physician signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_