

**AFFILIATED MEDICAL SERVICES**

**MEDICAL ABORTION AFFIDAVIT**

Today \_\_\_\_\_ you opted to start a medical abortion procedure.

At this time you were advised of the importance of the follow-up appointment to determine that your pregnancy has ended.

You were also advised that if the pregnancy continues it has a high probability of being abnormal.

Today you decided that you would return for your follow-up appointment on \_\_\_\_\_ at \_\_\_\_\_.

Your signature below indicates that you have read and understand this document, that you have received a copy of this document, and if you fail to keep your follow-up appointment that you release Affiliated Medical Services, its physician(s) and staff from any and all responsibilities and/or liabilities related to this medical abortion.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**AFFILIATED MEDICAL SERVICES**

1428 N. FARWELL AVE.

(414) 278-0424

Consent for Medical Abortion

I \_\_\_\_\_ being \_\_\_\_\_ years old, request and consent to the performance of a termination of pregnancy using Mifeprex and Cytotec (misoprostol). I have completed the state requirements and have received the Mifeprex medication guide. After careful thought and consideration, I choose to have an abortion and my choice is made freely and without force. As with any kind of medical procedure complications, including death, can occur. The type of abortion procedure and how early in the pregnancy it takes place determine the degree of risk. Generally, the earlier the abortion is performed, the less risk and the safer it is. Few women will have serious complications, but one or more of the following complications could happen:

*Incomplete abortion* occurs if part of the pregnancy tissues remains in the uterus. The medications may not cause all of the pregnancy tissue to come out of the uterus. Should this occur, a dilation and curettage (D & C) will be necessary to complete the abortion. The risk of a D & C include the risk of making a hole in the uterus, infection in the uterus, bleeding, and a failure to remove all of the tissue from the uterus.

*Hemorrhage* - Heavy bleeding and clots coming from the vagina can be expected. If the bleeding would persist a D & C may be needed to stop the bleeding.

*Continued Pregnancy and Birth defects* - The pregnancy may not end after receiving the medications. If these medications do not end your pregnancy you will need a surgical abortion because of the potential for fetal abnormalities.

*Incidence of fatal (clostridium sordeli toxic shock)* following medical abortion is approximately 1 in 100,000. This serious infection can occur after medically induced abortion, much as it can occur after childbirth, spontaneous abortion, or surgical abortion.

I will take 200mg of Mifeprex by mouth today and use 4 tablets (800 mcg) of Cytotec (misoprostol) as directed by Clinician either by swallowing, placing between my cheek and gum or inserting into my vagina. This dosage is, instead of the FDA approved regimen of 600 mg of mifeprex and 400 mcg of oral Cytotec, outlined in the medication guide and patient agreement. Current research shows this is a safe effective alternative.

I have read and will follow the instructions given to me. I have received emergency contact information and in case of an emergency, I authorize the release of any information necessary to facilitate care or treatment. I have read the above information, and all my questions regarding this procedure have been answered.

This consent may be withdrawn at any time up until the Mifeprex is given.

Affiliated Medical is a teaching facility. During your visit(s) you may be seen by a medical student or resident under the supervision of the physician and/or nurse practitioner.

\_\_\_\_\_  
Patient and/or Adult Relative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**AFFILIATED MEDICAL SERVICES**  
**MEDICAL ABORTION: HOME CARE SHEET**

Today you will begin your Medical Abortion. The following information is to help you proceed with ending your pregnancy. Keep this sheet available as a reference as you are responsible for your care. You will take the first pill (Mifeprex) in the clinic today. After taking the first pill you may or may not notice bleeding and/or cramping. Even if you do notice bleeding and/or cramping be sure to insert the 4 Misoprostol (cytotec) pills as directed in the clinic. You have no activity restrictions as part of your medical abortion, but it is recommended that you **stay home for the first 24 hours after inserting the 4 Misoprostol tablets!**

**Medications: (Taking with food may help to decrease upset stomach and increasing fluid intake may prevent dehydration)**

- **Ibuprofen 800 mg tablets** - Take one tablet every 4-6 hours as needed for pain. Start taking this medicine 30 minutes to 1 hour before inserting the misoprostol tablets into your vagina.
- **Misoprostol (Cytotec) 200 mcg tablets** - Wait at least 6 hours but no longer than 72 hours after taking the first pill in the clinic. Lay down, put on a pair of gloves and insert all 4 tablets high in the vagina. After inserting the tablets, lay down for 20-30 minutes, on \_\_\_\_\_ at \_\_\_\_\_ (**don't worry if the tablets do not dissolve or fall out after 30 minutes**).
- **Vicodin 5/500 tablets** - This is a narcotic pain medicine. This medicine can be taken every 4-6 hours as needed for pain/cramping. You may not want to take this at the same time as the ibuprofen because this may cause an upset stomach. **DO NOT** take Tylenol or any Tylenol products while taking the Vicodin, as Vicodin contains Tylenol.

You may use Ibuprofen and Tylenol or Ibuprofen and Vicodin, but **NOT Tylenol and Vicodin!**

**NO ALCOHOL USE DURING THE TIME YOU ARE TAKING ANY OF THESE MEDICATIONS!**

**Side Effects: These side effects are NORMAL!**

- As a result of taking the first pill (Mifeprex) and inserting the 4 pills (Misoprostol) you **may** experience:
- **Nausea, Vomiting, Diarrhea, Headache, Fever, Shaking or Chills**
- **Heavy Bleeding:** You can expect to bleed heavy. One pad every 20 minutes full, front to back/side to side, for a period of up to 6 hours. Be prepared to have large pads available.
- **Severe Cramping:** Be sure to take your pain medication as directed above. *You will have cramping as a part of this Medical abortion.* Cramping may continue past the first 24 hours, continue your ibuprofen as needed!
- **Clotting:** You may pass clots ranging in size from the size of a grape to the size of a grapefruit.
- **Bleeding:** You should expect to bleed from 7-21 days heavy to light with or without cramping. Average bleeding time is 7-10 days. Continue to use your pain medication as needed.

**For Your Information:**

- **All women are different. Some women will take longer than others to lose their pregnancy. 7% of women will take several days to pass their pregnancy!**
- **You can test positive for pregnancy over the next 4-8 weeks even if the pregnancy is gone. Do not do a pregnancy test!**
- **97% of women will start to bleed within 6 hours of inserting the 4 Misoprostol tablets. 93% of these women will lose their pregnancy within the first 6 hours of inserting the tablets.**
- **Birth Control** \_\_\_\_\_ **Start on:** \_\_\_\_\_ **Use a Back-up method for 7 days!**

**EMERGENCY REASONS TO CALL THE CLINIC AFTER HOURS**

**414-278-0424**

1. Bleeding longer than 6 hours of 1 pad every 20 minutes while losing the pregnancy.
2. Bleeding of 1 full pad per hour for more than 2 hours after losing the pregnancy.
3. Abdominal pain, fever, chills, weakness, nausea, vomiting, diarrhea **MORE** than 24 hours **after** inserting the 4 Misoprostol tablets.

Your follow-up appointment is \_\_\_\_\_ at \_\_\_\_\_

Your signature below indicates that you have read, understand and have received a copy of this document. I understand what is considered an EMERGENCY and what are considered NORMAL side effects. I understand the importance of returning for my follow-up appointment to determine that my pregnancy has ended. You were advised that if the pregnancy continues it has a high probability of being abnormal. If you fail to return within the next two weeks for your follow-up appointment you release Affiliated Medical Services, its physicians and staff from any and all responsibilities and/or liabilities related to this Medical Abortion. If you still have questions, please call the clinic.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

AMS 160 09/10

**PATIENT AGREEMENT**  
Mifeprex\* (mifepristone) Tablets

1. I have read the attached MEDICATION GUIDE for using Mifeprex and misoprostol to end my pregnancy.
2. I discussed the information with my health care provider (provider).
3. My provider answered all my questions and told me about the risks and benefits of using Mifeprex and misoprostol to end my pregnancy.
4. I believe I am no more than 49 days (7 weeks) pregnant.
5. I understand that I will take Mifeprex in my provider's office (Day 1).
6. I understand that I will take misoprostol in my provider's office two days after I take Mifeprex (Day 3).
7. My provider gave me advice on what to do if I develop heavy bleeding or need emergency care due to the treatment.
8. Bleeding and cramping do not mean that my pregnancy has ended. Therefore, I must return to my provider's office in about 2 weeks (about Day 14) after I take Mifeprex to be sure that my pregnancy has ended and that I am well.
9. I know that, in some cases, the treatment will not work. This happens in about 5 to 8 women out of 100 who use this treatment.
10. I understand that if my pregnancy continues after any part of the treatment, there is a chance that there may be birth defects. If my pregnancy continues after treatment with Mifeprex and misoprostol, I will talk with my provider about my choices, which may include a surgical procedure to end my pregnancy.
11. I understand that if the medicines I take do not end my pregnancy and I decide to have a surgical procedure to end my pregnancy, or if I need a surgical procedure to stop bleeding, my provider will do the procedure or refer me to another provider who will. I have that provider's name, address and phone number.
12. I have my provider's name, address and phone number and know that I can call if I have any questions or concerns.
13. I have decided to take Mifeprex and misoprostol to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
14. I will do the following:
  - contact my provider right away if in the days after treatment I have a fever of 100.4°F or higher that lasts for more than 4 hours or severe abdominal pain.
  - contact my provider right away if I have heavy bleeding (soaking through two thick full-size sanitary pads per hour for two consecutive hours).
  - contact my provider right away if I have abdominal pain or discomfort, or I am "feeling sick", including weakness, nausea, vomiting or diarrhea, more than 24 hours after taking misoprostol.
  - take the MEDICATION GUIDE with me when I visit an emergency room or a provider who did not give me Mifeprex, so that they will understand that I am having a medical abortion with Mifeprex.
  - return to my provider's office in 2 days (Day 3) to check if my pregnancy has ended. My provider will give me misoprostol if I am still pregnant.
  - return to my provider's office about 14 days after beginning treatment to be sure that my pregnancy has ended and that I am well.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (print): \_\_\_\_\_

The patient signed the PATIENT AGREEMENT in my presence after I counseled her and answered all her questions. I have given her the MEDICATION GUIDE for mifepristone.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Provider (print): \_\_\_\_\_

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before she leaves the office and put 1 copy in her medical record. Give a copy of the MEDICATION GUIDE to the patient.