

What are the chances that I will experience any of the following complications?

Physical

- ___% Retained products of conception
- ___% Damage to the cervix
- ___% Hemorrhage (bleeding)
- ___% Infection
- ___% Perforation of the uterus
- ___% Sterility (Unable to have children)
- ___% Allergic Reaction to Drugs

Psychological

- ___% Anxiety
- ___% Depression
- ___% Sexual dysfunction
- ___% Suicidal thoughts
- ___% Interference with personal relationships

I certify that the information above is true and accurate and that: (a) I am a physician licensed to practice medicine in the state of Florida, (b) I have a current and fully paid medical malpractice insurance policy, (c) my license to practice medicine has never been suspended or revoked in this state or any other state, (d) I have no claims or judgments against me for medical malpractice, personal injury or wrongful death, and (e) if you are injured during your abortion you will be immediately transferred by ambulance to the emergency facility named above.

Doctor's Signature

Date

Name of Clinic

FLORIDA RIGHT TO LIFE
378 CenterPointe Circle, Suite 1250
Altamonte Springs FL 32701
407.834.LIFE ° www.frtl.org ° frtl@earthlink.net

**Know Your Legal Rights
For The Woman Who Is
Seeking a Legal Abortion**



**DO NOT ALLOW ANYONE WHO
REFUSES TO COMPLETE AND SIGN
THIS FORM PERFORM AN ABORTION
ON YOU,**

Also, under no circumstances should you allow anyone to take this form away from you INCLUDING the doctor who is performing your abortion or any member of the clinic or hospital staff.

YOU HAVE THE RIGHT to insist that your abortion be performed by a licensed physician.

YOU HAVE THE RIGHT to know if this physician has ever had his or her medical license suspended.

YOU HAVE THE RIGHT to verify that this physician has medical malpractice insurance in case you are injured or killed during the procedure.

YOU HAVE THE RIGHT to insist that if you are injured during the procedure you are immediately transferred by ambulance to the **nearest** emergency hospital or trauma center.

- *The Florida Patient's Bill of Rights indicates that a patient has the right to treatment "for any emergency medical condition that will deteriorate from failure to provide such treatment."*

DO NOT give up your legal rights. At the abortion clinic you will probably be asked to sign a statement saying that you will not hold the clinic or doctor liable if you are injured or killed during the abortion. **Any competent attorney would advise you NOT to sign this waiver of your legal rights.**

If you decide to have an abortion, you will want a permanent record of what the doctor told you. Take this signed form home with you and keep it in a safe place. Some of the effects associated with abortion may not show up for several years. If anything does happen to you during or after the abortion, you will have evidence of what the doctor told you.

Pregnancy Termination: Patient Safety and Consent

You have the right to know all of your options and any other information that might affect your decision to have an abortion, but if you don't ask the doctor for this information you may forfeit that right. Here are some important issues you will want to discuss.

The Following Must Be Completed By The Physician Performing Your Abortion

What is the name of the doctor performing the abortion?

Will it hurt? Yes No

Will you treat me for complications? Yes No

What stage of development is the fetus right now?

Does the fetus feel pain?

If I need to be hospitalized, at which hospital do you have privileges?

Is the physician licensed to operate in state of Florida?

Will you check my blood type to check if I am RH-Negative? Yes No

If I go through the RU-486 procedure, what complications can arise?
