

Healthcare Providers: *Counsel the patient on the risks of mifepristone. Both you and the patient must sign this form.*

Patient Agreement:

1. I have decided to take mifepristone 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.
2. I understand:
 - a. I will take mifepristone on Day 1.
 - b. My provider will either give me or prescribe for me the misoprostol tablets, which I will take 24 to 48 hours after I take mifepristone.
3. My healthcare provider has talked with me about the risks, including:
 - heavy bleeding
 - infection
 - ectopic pregnancy (a pregnancy outside the womb)
4. I will contact the clinic/office right away if in the days after treatment I have:
 - a fever of 100.4°F or higher that lasts for more than four hours
 - severe stomach area (abdominal) pain
 - heavy bleeding (soaking through two thick full-size sanitary pads per hour for two hours in a row)
 - stomach pain or discomfort, or I am "feeling sick," including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol
5. My healthcare provider has told me that these symptoms could require emergency care. If I cannot reach the clinic or office right away my healthcare provider has told me who to call and what to do.
6. I should follow up with my healthcare provider about 7 to 14 days after I take mifepristone to be sure that my pregnancy has ended and that I am well.
7. I know that, in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women who use this treatment. If my pregnancy continues after treatment with mifepristone and misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy.
8. If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will.
9. I have the MEDICATION GUIDE for mifepristone. I will take it with me if I visit an emergency room or a healthcare provider who did not give me mifepristone so that they will understand that I am having a medical abortion with mifepristone.
10. My healthcare provider has answered all my questions.

Patient Signature: _____ **Patient Name (print):** _____ **Date:** _____

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

Provider's Signature: _____ **Name of Provider (print):** _____ **Date:** _____

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before the patient leaves the office and put 1 copy in the medical record.

03/2021



**FETAL DEVELOPMENT & ALTERNATIVES
BROCHURE BY THE STATE OF FLORIDA**

I _____ am seeking a Termination of
Print First and Last Name
Pregnancy at A Woman's World Medical Center.

The State of Florida requires each patient the opportunity to receive this brochure with fetal development 4 weeks to 40 weeks of pregnancy.

You can refuse to see the brochure or accept it.

Please initial one only please

____ Yes, I want to see the brochure.

____ No, I do not want to see the brochure.

Patient Signature

Date

STAFF initials providing brochure to patient _____

LIVE ULTRASOUND IMAGES CONSENT FORM
Florida State Statute 390.0111

Please read this carefully before you sign this form....

This form is required by law 24 hours before your termination of pregnancy.

I _____ was offered an opportunity to view the live
Print First and Last Name
ultrasound images and hear an explanation of the live ultrasound images.

Please Select One

_____ I am **declining** this option to see or hear ultrasound images today.
Initials

My decision not to view the live images or hear an explanation was not based on any undue influence from anyone. I made this decision of my own free will prior to completing the informed consent of an abortion by pill or surgery.

Patient Signature

Date

Staff Signature

_____ I am **accepting** the opportunity to view the live ultrasound images or hear an
Initials
explanation of live images by the nurse or doctor performing my ultrasound today.

By signing below, I acknowledge that I saw the images and heard the explanation of the ultrasound today.

Patient Signature

Date

Doctor/Nurse Signature

First Name _____ Middle Initial _____ Last Name _____

Age _____ Date of Birth ____/____/____ Phone Number (____) ____ - ____

Address _____

Health Information

Y N My health is generally good

Y N Tobacco use? Number of years _____ how many a day _____

Y N Vape Use? Number of years _____ how many times a day _____

Y N Alcohol use? How many drinks per week? _____

Y N Do you use any drugs recreationally? If yes, please describe the type and frequency of use _____

Y N Do you use any drugs intravenously currently or in the past?

Y N Any history of cancer? If yes where/when _____

Y N Are you being treated for any illness/condition now? If yes what? _____

Y N Do you currently take medication? (Prescriptions, over the counter or herbal) If yes, please list: _____

Any allergies to the following?

Ciprofloxacin Y N Ibuprofen Y N Cytotec Y N

Doxycycline Y N Tylenol Y N Latex Y N

Lidocaine Y N Betadine Y N Epinephrine Y N

Methergine Y N Any other drug allergies? Y N If yes, what _____

Cardiorespiratory

Y N Mitral Valve Prolapse

Y N Heart Murmur

Y N Heart Attack

Y N Blood Clots

Y N Stroke

Y N High Blood Pressure

Y N Asthma or other breathing problems

Y N Tuberculosis

Gastrointestinal

Y N Stomach or Bowel problems?

Y N Liver problems

Genitourinary

Y N Bladder or kidney problems

Y N Uterine Fibroids

Y N Ovarian Cysts

Y N Vaginal Discharge? If yes, please describe _____

Y N Endometriosis

Rheumatological

Y N Lupus

Y N Rheumatoid Arthritis

Neurological	
Y N	Migraine headaches
Y N	Seizures/Epilepsy

Psychological	
Y N	Depression
Y N	Anxiety
Y N	Bipolar disorder
Y N	Schizophrenia

Endocrine	
Y N	Thyroid Problems Hypo/Hyper
Y N	Diabetes

Hematological	
Y N	Anemia
Y N	Sickle Cell Disease/Trait
Y N	Bleeding disorder
Hospitalization and Surgeries	
Year	Reason
Year	Reason

Accidents and Injuries	
Year	Reason
Year	Reason

Gynecology History	
Y N	Do you have a bicornuate, septated or heart shaped uterus?
Y N	Abnormal Pap Test
Y N	Previous Leep, Cone Biopsy or Cryosurgery? If yes, when? _____
Y N	History of sexually transmitted infection? If yes when? _____ Treated Y N
Circle type:	Herpes Chlamydia Gonorrhea Syphilis HIV
	Genital Warts Hepatitis B or C PID
Y N	Regular Periods?

Contraceptive History	
Y N	Method of birth control in the past year?
Y N	What method do you want to use now?

Social History	
Y N	Are you currently living in a secure and supportive environment?
Y N	Do you need any information or assistance regarding any type of abuse?
Y N	Has anyone forced you to have sex?
Y N	Are you afraid of your partner?

Any medical conditions not listed above: _____

To the best of my knowledge, the information I have provided is correct and complete.

Patient Signature _____ Date _____

Medical Abortion Risks, Benefits and Alternatives

Alternatives: Women who are pregnant can decide to continue or end the pregnancy and depending on the outcome of the pregnancy, can then decide to parent or place the child for adoption. Each option will have benefits and risks. If a pregnancy is less than 9 weeks, you have the additional choice of a medical or surgical abortion. You need to consider your choice carefully to be able to make the best decision for yourself.

Benefits: Abortion, adoption, and parenting can each have benefits, depending upon the individual, the timing of the pregnancy, and the situation. The benefits of carrying to term or having an abortion can be different for each person. Medical Abortion (Abortion Pill) may have other perceived benefits, such as the ability to take the second medicine (misoprostol) outside the clinic, with a chance for increased privacy and comfort during the abortion process.

Risks: Abortion using mifepristone and misoprostol is a simple medical procedure. Like any procedure, it is possible that a complication could occur during or after your procedure and require treatment. It is important to know about risks and include this information as part of your decision. Possible risks include but are not limited to the following. There is always a risk of previously unknown side effects occurring death. However, many (tens of thousands) women have had a similar medical abortion procedure in this country alone, and the medical abortion process has been studied and reported on for over 20 years around the world.

Mifepristone: can cause nausea, vomiting, diarrhea and fatigue. These effects are mild, usually last less than three days, and the nausea/vomiting may be helped with medication.

Misoprostol: can also cause nausea, vomiting, and diarrhea and is expected to cause uterine cramps (lower abdominal pain) for less than three days similar or worse than menstrual period. The cramping pain may be helped with over the counter or prescription pain medication. DO NOT TAKE ASPIRIN for pain as it can thin your blood and increase bleeding.

Incomplete Abortion: It is possible for part of the pregnancy tissue to still be inside the uterus after the abortion. This happens in about two to five percent of patients and is treated by a surgical completion of the abortion. Incomplete abortion can lead to serious bleeding (hemorrhaging requiring a transfusion), infection, and severe abdominal pain. It is very important to return for your follow-up ultrasound. This checkup is provided to you at no additional cost at A Woman's World Medical Center.

Continuing Pregnancy: In rare cases (about one percent of the time) a woman can still be pregnant after an abortion. Possible causes include: a twin pregnancy, early pregnancy, a tubal pregnancy (ectopic), or an abnormality of the uterus. A tubal pregnancy is medical emergency that would require immediate further testing, treatment, possible hospitalization, and surgery. These problems may be discovered at the time of follow-up visit. If the pregnancy is continuing, you will need to have a surgical abortion. This will be provided at no additional cost if done at A Woman's World Medical Center.

Infection: In a small number of cases the uterus or pelvic organs could become infected after an abortion. Medication can treat infection, causing no long-term damage. If the woman seeks medical attention in the early stages of infection. In some cases, an infection may be serious enough to cause permanent damage, such as loss

of the ability to have children. Call us immediately if you think you have any of these symptoms of infection bad smelling vaginal discharge, temperature of 100.4 or above lasting more than 2 hours, or severe abdominal pain.

Bleeding or Hemorrhage: Very heavy bleeding can occur during or after the abortion. Treatment depends on the cause of the bleeding and can include but is not limited to observation, medication, hospitalization, transfusion, or further surgery. The risk of hemorrhage (defined as needing a blood transfusion) is less than one-half of one percent (two to four per one thousand women, depending on gestation.) It is important for you to contact us if you soak two or more pads in one hour for two hours or more, or if your bleeding lasts for more than four weeks.

Amniotic Fluid Embolism or Anaphylactic Condition of Pregnancy: This is extremely rare, pregnancy-related complication can occur during childbirth, miscarriage, or abortion. Current theory suggests antibodies from the fetus create an allergic reaction in the woman's heart, causing her heart to stop, and resulting in coma or death. It is not predictable or preventable.

Post-Abortion Syndrome: This is a physical condition occurring when the uterus fills with blood clots that do not pass through the cervix and create severe cramping. Uterine massage, medication, or surgical evacuation of the uterine contents are all possible treatments.

Mortality Risk: Although there is a risk of death because of an abortion, there is also a risk of death from childbirth. The risk of death from childbirth is much greater than from a first trimester abortion (through 14 weeks.) In the United States there is less than one death for every one hundred thousand first trimester abortion procedures performed.

Breast Cancer: No Proven Link. Although some studies suggest there is a link between abortion and breast cancer, the World Health Organization, American Cancer Society and the National Cancer Institute conclude that there is no proven evidence of abortion causing breast cancer.

Acknowledgement of Understanding

I have read and understand the possible risks, benefits, and alternatives to abortion. I have discussed these and asked any questions of the A Woman's World Medical Staff and/or doctor before my procedure that I felt I needed to. I understand I may need additional tests or treatment as a result of the pregnancy or abortion for my physical well-being, and I accept the responsibility for additional expenses that these tests or treatment may require.

Patient Signature

Date

Witness Signature

Date

:

Patient Consent to Treatment, Anesthetics, and Other Medical Services

I _____, take full responsibility for this decision and agree to medical and

Print Name

surgical procedures to attempt to end my pregnancy. I agree to be treated by A Woman's World Medical Center's physician (Dr. _____.)

I agree to have a blood sample taken to test for anemia and the RH factor. It has been explained to me if my blood is RH negative, I will be required to receive a shot of Rhogam or Microgam (Rho D Immune Globulin) immediately following my abortion. I understand that this is an additional cost to me. I understand that this will help prevent serious problems in future pregnancies pertaining to my blood type. I understand that additional samples and tests may be needed if my physical safety or the law requires it.

I agree to the doctor or doctor assistant giving me anesthesia, pain relievers, or other medication they feel are necessary for my care.

I understand that the fetal tissue removed during the abortion may be sent to a laboratory for pathology examination. The tissue will be disposed of by the clinic or the lab following legal and sanitary guidelines.

I understand that if a major problem occurs during or after my abortion, I may need to be hospitalized and perhaps require additional surgery. I agree to have any such treatment that the doctor judges to be necessary for my well-being.

I give my permission to A Woman's World Medical Center to request my medical records from any health provider who treats me for complication.

I have read (or had read to me) the patient information sheets and was given the opportunity to ask questions. I understand the abortion procedure.

Acknowledgement of Possible Emotional Risks

I understand that research had shown most women experience feelings of relief and have no major regret after an abortion. However, some women may and do experience guilt, sadness, depression, and/or regret following an abortion, just as they may experience these feeling after giving birth, I understand these feeling can range from mild to severe, and if I need further counseling following the abortion, I take responsibility for seeking and getting emotional care. A Woman's World Medical Center has given me the opportunity to talk and ask questions concerning my feelings about the abortion.

I have read and understand the patient consent to treatment, and I understand the possible risks.

Patient Signature

Date

Witness Signature

Date

A Woman's World Medical Center, Inc.

Under Florida Law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time physicians who meet state requirements are exempt from the financial responsibility law. **YOUR DOCTOR MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE.** This notice is provided pursuant to Florida Law.

Patient Signature _____

INFORMATION AND FACTS CONCERNING "TERMINATION OF PREGNANCY"

WHAT IT IS- A surgical procedure to terminate a pregnancy.

HOW IT IS DONE AT THIS FACILITY AND THROUGHOUT THE COUNTRY.

1. You will be examined by Dr. _____ who is an OBGYN. The doctor/LPN will determine the length of your pregnancy by an ultrasound. In some cases, patients are given an IV sedation to make them less nervous during the procedure. Please note that you are not asleep during the procedure.
2. A speculum is inserted into the vagina for the cervix to be visible by the doctor. A local anesthetic is injected into and around the cervix to numb this area. Then an instrument called a tenaculum is clamped onto the cervix. (Cervix is the opening to the uterus).
3. The opening of the cervix is gradually opened by a series of narrow rods called dilators, each a little thicker than the one before. You may or may not feel cramps during this process the largest dilator may be as thick as a fountain pen, depending on how many weeks you are.
4. When the cervix is opened enough to admit a blunt tipped instrument called a cannula (straw like in appearance) is inserted into the opening. The cannula is attached to the vacuum aspiration machine, which is then turned on to empty the uterus.
5. After the uterus has been emptied by gentle suction, the doctor will remove the tenaculum and speculum.

***NOTE: THIS PROCEDURE IN MOST CASES TAKES 3 TO 5 MINUTES.**

POSSIBLE PROBLEMS AND COMPLICATIONS- As with any kind of surgery, complications can occur with early abortion. Early abortion by vacuum aspiration is, however, very safe. Fewer than 1 in 100 women will have serious complication, including, but not limited to:

INFECTION - Infection is caused by germs from the vagina and cervix getting into the uterus. The risk of infection associated with early abortion is less than 1 in 100 cases. Such infections usually respond to antibiotics but, in some cases, a repeat vacuum aspiration or hospitalization is necessary.

HEMORRHAGE - Bleeding from the uterus heavy enough to require treatment occurs rarely. Bleeding heavy enough to require blood transfusion occurs less than 1 in 1,000 cases. Medication may be required to help the uterus contract, (go back to normal size) a repeat vacuum aspiration or dilation and curettage or rarely surgery may be necessary.

CERVICAL TEAR- The cervix is sometimes torn during the procedure. The frequency of this event is less than 1 in 100 cases. Stitches may be required to repair the cervix.

INCOMPLETE ABORTION - Occasionally, the contents of the uterus may not be completely emptied. The frequency of this event is less than 1 in 100 cases. This can lead to infection, hemorrhage, or both. To remove the tissue, it may be necessary to repeat vacuum aspiration or perform a dilation and curettage at the clinic or in the hospital. In rare instances, surgery may be required.

PERFORATION- Rarely, an instrument may go through the wall of the uterus. The frequency of this event is about 2 per 1,000 cases. Should this happen, hospitalization is required for observation and/or completion of the procedure. Perforation rarely requires surgery to repair the uterus. This can include hysterectomy (removal of the uterus), which makes it impossible to have children. The frequency of hysterectomy in this setting is about 1 in 10,000 cases. Very rarely does this occur.

FAILURE TO TERMINATE PREGNANCY - Rarely, does early termination fail to terminate a pregnancy. The likelihood of this event is about 2 per 1,000 cases. In such cases another suction is required.

DEATH - Early abortion is one of the safest procedures in medicine today. Information from the Center for Disease Control indicates that the risk of death from early abortion is about 1 in 100,000 cases. The risk of death associated with tonsillectomy is about 3 per 100,000 cases. The risk of death from childbirth is at least 7 times greater than termination.

ANESTHESIA REACTION - In some cases, local sedation can cause severe reactions or shock. Twilight sedation might render the patient unconscious in a few patients. However, in a small number of cases, severe complications which may result in injury, disability and very rarely death. If you would like a list of side effects, please let the front desk know.

IMPACT OF ABORTION ON FUTURE PREGNANCIES - At this point, there is no clear evidence that one early abortion carries any risk to future pregnancies. Women have a slightly increased risk of premature birth or miscarriage after the third early abortion with future pregnancies. Some studies have shown this while others have not.

INFORMED CONSENT TO TERMINATE MY PREGNANCY. GIVE ANESTHESIA. PERFORM OTHER MEDICAL SERVICES AND AUTHORIZE RELEASE OF MEDICAL RECORDS IF NECESSARY.

I, _____, Age _____, hereby give my consent to and request and authorize Dr. _____ and assistants of his/her choosing to perform an abortion on me. I understand that the purpose of an abortion is to end my pregnancy.

I understand the practice of medicine is not an exact science and that **NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME** concerning the results of this procedure. I understand that the physician, medical personnel, and other assistants will rely on statements I have made, the medical history I have given and other information in determining whether to perform the procedure or the course of treatment for me and I warrant that I have made a full, complete, and truthful disclosure.

ADDITIONAL PROCEDURES If during the course of the abortion procedure, any unforeseen conditions or complications arise, and the doctor in his/her professional medical judgment decides that different or additional procedures including, but not limited to anesthesia or blood transfusion or the association of another doctor, or hospitalization at a hospital may be necessary, I give my permission for my parent (or legal guardian where applicable) or other person I name set forth on the next page to be notified by the doctor or staff member. The correct identity, and phone number of my emergency contact is on the next page.

LABORATORY I consent to diagnostic studies, tests, sonograms, x-ray examinations and any other treatment or courses of treatment relating to the diagnosis of my condition or procedures set forth herein. I understand the purpose of a sonogram here is to determine gestational size only and NOT to rule out and determine fetal abnormalities and deformities. I also consent to the disposal of any tissue or other parts of contents of my uterus (womb) which may be removed during the abortion at the discretion of the physician of the clinic.

EMERGENCY If I develop a fever, heavy bleeding, severe cramping, pain, or any other symptoms, I agree to notify the clinic at once. I have been given an emergency contact telephone number which I can call 24 hours a day for assistance. My failure to give notice releases the doctor and/or clinic from any responsibility to me.

FOLLOW-UP I have been advised to return to the clinic for a follow-up examination within 3 weeks after today. I understand that this exam is needed to be ensure that no complications or other problems have appeared, that I am not still pregnant, and that the healing process has gone on properly. I agree to follow the instructions provided to me and take my medications as directed. I further agree to obtain the follow-up care either here or at someplace else at my own expense. My failure to follow instructions or obtain care relieves the doctor and/or clinic of any responsibility to me.

I GIVE MY CONSENT FOR THE ABORTION FREELY AND WITHOUT COERCION By signing this form, I acknowledge that I have read or had this form explained to me, that I fully understand its contents, and that I have been given ample opportunity to ask questions and that any questions have been answered satisfactorily. All blanks or statements requiring completion were filled in and all statements I do not approve of were stricken before I signed this form. I also have received additional information including but not limited to the materials listed below relating to the procedure described herein. I understand that I can request and receive a sample copy of this consent if I choose to do so.

ADDITIONAL MATERIALS USED OR FURNISHED TO PATIENT

Aftercare instructions with 24 hr. emergency number, appointment sheet with follow-up time and date.
Antibiotic and Pain medication prescription.

IN CASE OF EMERGENCY, PLEASE CONTACT

NAME: _____ PHONE _____

Does the above person know why you are here? Y or N Relationship to you

Patient Signature	Date
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Counselor Signature _____ Date _____

Parent Signature

Date

A Woman's World Medical Center, Inc.

Patients Name _____ Date _____

If I change my mind or am too far for the abortion, the initial payment of **\$400.00** is non-refundable.

I have been informed that 2-3 weeks after my abortion I have a follow-up exam. This will insure my health after the termination. I have also been informed that if I have any concerns or problems before my follow-up, I am to contact A Woman's World Medical Center first. I am aware that if I do not contact a Woman's World Medical Center or return for the follow-up exam, I will not hold the Doctor or A Woman's World Medical Center responsible for any further medical problems. Future office check-ups are charged extra.

I am aware that neither the Doctor nor A Woman's World Medical Center is not responsible for any of my personal articles such as money, jewelry, or any other personal valuables brought into the office for my termination.

Patient Signature

Witness Signature

A Woman's World Medical Center, INC

PATIENT DISCLOSURE

In accordance with the Agency for Health Care Administration (section AZ818):

To report a complaint regarding the services you receive, please call **(888)419-3456**.

To report abuse, neglect, or exploitation, please call **(800)962-2873**.

To report suspected Medicaid fraud, please call **(800)223-8164**.

Medicaid fraud means an intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid.

By signing, this, you (the patient or patient's representative), certify that you have received a copy of this form.

Patient Signature

Date

MEDICAL RECORDS RELEASE AUTHORIZATION

Patient Name _____ Date of Birth _____

Social Security Number _____

I hereby authorize **all** my medical records be released to:

A Woman's World Medical Center, INC
503 South 12th Street
Fort Pierce, FL 34950
Phone: 772-460-1506
Fax: 772-264-6430

Patient Signature: _____

Witness Signature: _____

Patient Instructions

You will be given Mifepristone (RU486) today. You can eat and drink after you leave here. Please start your antibiotics tomorrow and take every 12 hours till they are gone. You may or may not have bleeding, cramping or pass clots after taking Mifepristone (RU486).

Possible side effects after inserting the Misoprostol: nausea, vomiting, diarrhea, constipation, and headache.

Restrictions: We suggest using pads only no tampons.

48 Hours later: On _____ you will lay flat and insert 4 Misoprostol 200mcg into your vagina. Place one at a time on your fingertip and insert as far back as you can into your vagina. We suggest you lay flat for at least 15 minutes after you have inserted the pills. After you insert all 4 pills you may take one of your pain pills with food. It can take up to 4 hours for the medication to start working. These pills cause you to bleed, cramp and pass clots. You need to prepare yourself for heavy bleeding. The cramping can be severe. The clots will be different sizes, some will be small and others large. Clots are brownish or liver color. This is normal. The medication makes your body expel the pregnancy tissue. Pregnancy tissue is white or grayish in color. Be sure to drink plenty of fluids. Also please do not drink any alcohol while taking this medication, it can make you bleed more.

72 Hours later: On _____ you will lay flat and insert 4 more Misoprostol 200mcg into your vagina. We suggest you lay flat for about 15 minutes after you insert the pills. The bleeding may not be as heavy as the day before. You may bleed like a period for a week or two or maybe longer. Or you may just have spotting on and off. Do not expect a regular period for about 4-6 weeks and any spotting and bleeding before your first period is normal.

Approved medications: Tylenol (regular or extra strength) Ibuprofen (Advil or Motrin), Aleve, and Midol. You may also take the pain medicine prescribed by your doctor. Do not take aspirin or anything with aspirin in it. It can cause thinning of your blood and may cause you to bleed more.

Check-up appointment _____ at _____ am/pm. If you need to change your appointment, please call. If you do not come back within 3 weeks after taking the Mifepristone (RU486), you will need to pay for your check-up, which will be \$60.00. If at that time it shows that you are still pregnant. You will need to have the procedure done and the cost will be \$700.00. Please call if you have any questions. A Woman's World Medical Center, 772-460-1506

Patient Signature

Date

Witness Signature

Date