

# PATIENT AGREEMENT

(Medical termination of pregnancy)

1. I have read the attached Patient Information Leaflet for using Mifepristone and prostaglandin analogue to end my pregnancy.
2. I discussed the information with my health care provider (\_\_\_\_\_).
3. My provider answered all my questions and told me about the risks and benefits of using Mifepristone and prostaglandin analogue to end my pregnancy.
4. I believe I am no more than 56 days (8 weeks) pregnant.
5. I understand that I will take prostaglandin analogue in my provider's office or at home two days after I take Mifepristone (Day 3).
6. My provider gave me advice on what to do if I develop heavy bleeding or need emergency care due to the treatment.
7. 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 Mifepristone to be sure that my pregnancy has ended and that I am well.
8. I know that, in some cases, the treatment will not work. This happens in about 5 to 6 women out of 100 who use this treatment.
9. 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 Mifepristone and prostaglandin analogue, I will talk with my provider about my choice, which may include a surgical procedure to end my pregnancy.
10. 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 surgical procedure to stop bleeding, my provider will do the procedure or refer me to another provider who will. I have the provider's name, address and phone number.
11. I have my provider's name, address and phone number and know that I can call if I have any questions or concerns,
12. I have decided to take Mifepristone and prostaglandin analogue to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
13. I will do the following:
  - If my pregnancy is not ended within 2 days (Day 3) after I have taken Mifepristone I will take prostaglandin analogue.
  - I will return to my provider's office about 14 Days after beginning the treatment to be sure that my pregnancy has ended and that I am well.

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

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

Date \_\_\_\_\_

The patient signed the PATIENT AGREEMENT in my presence after I counselled her and answered all her questions. I have given her the Patient Information Leaflet.

Provider's Signature \_\_\_\_\_

Name of provider (Print) \_\_\_\_\_

Date \_\_\_\_\_

(After the patient and 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 Patient Information Leaflet to the patient.)