

**INFORMED CONSENT FOR
PREGNANCY TERMINATION TREATMENT, ANESTHETIC, AND
OTHER MEDICAL SERVICES**

Name of client _____

Address _____ ADDY, NM 87114

Birth Date 12/7/90

Date ~~10/9/12~~ 10/10/12 AD

I, _____ request and consent to the performance upon me of a pregnancy termination procedure by vacuum aspiration or standard dilation and evacuation at Dr. Curtis Boyd's office by any of the physicians employed by Curtis Boyd, M.D., P.C.

I further consent to the taking of cultures and performance of reasonably indicated tests and procedures, whether or not relating to presently known conditions, if my medical provider finds these necessary or advisable in the course of evaluation or treatment for pregnancy termination or management of complications.

I have fully and completely disclosed my medical history, including allergies, medical conditions, prior medications, over the counter or other drugs taken, and reactions I have had to anesthetics, medicines, or drugs. I consent to my physicians relying on this disclosure as complete.

I consent that the physician or medical staff may administer such anesthesia and medications as deemed necessary or advisable (including a medication called misoprostol given to prevent bleeding and enhance safety, which has been associated with birth defects), with the exception of *(list any medications which you do not want or are allergic to):*

NKDA

I understand that local and IV anesthetics do not always eliminate all pain, that in a small number of cases, those anesthetics cause severe reactions or even shock or death, and that no guarantee to the contrary has been made to me. I further understand that any anesthetic will affect my level of consciousness and may, in a small number of cases, cause bodily reactions or complications requiring additional measures and treatment. I understand that the affect on my level of consciousness will impair my ability to make important decisions or operate machinery; I agree to not drive for a period of 30 minutes - 24 hours postoperatively depending on medications given to me. I request and consent to local and/or IV anesthetics.

I understand that the gestation of my pregnancy is determined through multiple methods that may include a urine test, the first date of my last normal menstrual period, and ultrasound measurements taken here in the clinic. Based on these findings, I consent to treatment deemed appropriate by the physician(s) of the Curtis Boyd Clinic, M.D., P.C.

I fully understand that the purpose is to terminate this pregnancy, and I affirm this to be my personal choice in light of the alternative of continuing the pregnancy to term. No one has coerced or compelled me to make this decision.

I understand that tissue and parts will be removed during the procedure, and I consent to their examination and their use in medical research and their disposal by the clinic and/or physician in the manner they deem appropriate.

I understand that the complications associated with early pregnancy termination are generally much less severe and less frequent than with childbirth. Nonetheless, I realize, as is true of childbirth and any kind of surgery, that there are inherent risks of minor and major complications and death which may occur without the fault of the physician.

No guarantee or assurance has been made to me as to the results that may be obtained. The risk of terminating a pregnancy gradually increases throughout the course of the pregnancy. These comparative risks become approximately equal at 16 - 18 weeks of pregnancy and increase so that pregnancy termination at 18 weeks and above involves a greater risk than carrying the pregnancy to term.

The risks and possible complications of pregnancy termination procedures most likely to occur, though only in a small number of cases, include the following:

Perforation: An instrument used in the procedure may go through the wall of the uterus. If this happens, hospitalization may be necessary for repair and/or observation of the perforation and any internal injuries and/or completion of the abortion.

Laceration: In rare cases, the cervical opening and/or cervical canal may be torn. A few stitches to repair the tear are usually all that is necessary. However, this complication can cause severe bleeding and require hospitalization.

Bleeding: This may require an immediate repeat of the abortion procedure, or hospitalization for observation and treatment. If the excessive bleeding occurs some hours or days after the abortion, hospitalization may be necessary, and dilation and curettage may need to be done to remove material retained in the uterus.

Infections: Infections usually respond to antibiotics, but in a few cases, hospitalization is necessary.

Failure to Terminate Pregnancy: (i.e. The procedure fails to end the pregnancy): It is this possibility, among others, that makes a post-operative examination essential. In such a case, another procedure must be performed, since the first one may have affected normal development of the pregnancy.

Tubal Pregnancy: A tubal pregnancy occurs when the fertilized egg implants in the fallopian tube instead of in the uterus. If this condition is unchecked, the fetus develops in the tube until it is large enough to burst the tube. Although the chances of a tubal pregnancy are small, the risk of death from a ruptured tubal pregnancy is very great. This procedure cannot terminate a tubal pregnancy. I understand that this is a preexisting medical condition for which Curtis Boyd's office assumes no medical or financial responsibility.

Hysterectomy (i.e. removal of the uterus): I understand that as a result of certain conditions or some complications (such as perforating, bleeding, or severe infection) a hysterectomy may be necessary.

Pulmonary (Lung) Embolism: (i.e. Blood clot or amniotic fluid clot that may go to the lungs and cause difficulty breathing.) It may require transport to a hospital for evaluation and treatment.

Infertility Although rare, infertility may result from certain complications (such as infection) that remain untreated.

Unintended expulsion: When dilators are inserted and/or Misoprostol is used, the intent is to perform a D&C (suction curettage) or a standard D&E procedure. On rare occasions, unintended expulsion of products of conception may occur.

Emotional Distress: Individual women cope differently with pregnancy termination; most patients go through the process with minimal emotional effects, but in some cases professional help is required. I release the attending physicians and staff from any liability or responsibility for any condition that may result from this procedure, including but not limited to short range or long term psychological effects resulting from my decision to have this procedure.

I understand that my physician and/or counselor will answer any questions or concerns I have, and I will ask such questions before leaving the clinic. If I have concerns or complications after leaving, I agree to call the office of Curtis Boyd, M.D., P.C. immediately. I also agree to have an examination and pregnancy test in two (2) weeks after the abortion, in order to rule out a continued pregnancy or the existence of other problems.

I UNDERSTAND THAT, WHEN POSSIBLE, I MAY BE TREATED FOR ANY RESULTING COMPLICATIONS AT DR. CURTIS BOYD'S OFFICE, AT NO CHARGE TO ME; HOWEVER, SHOULD HOSPITALIZATION BE NECESSARY, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY CHARGES.

I further understand that the medical practice of my physician(s) at Curtis Boyd, M.D., P.C. is to be judged according to those standards reasonably acceptable to other physicians practicing in similar facilities in the United States. I certify that I have read, had explained to me, and fully understand the above informed consent, and that I agree, in light of the consent, to the pregnancy termination procedure I have requested.

Date

~~10/5/12~~ 10/10/12 AD

Signature of Client

Staff Person