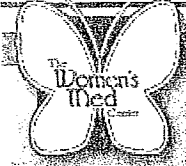
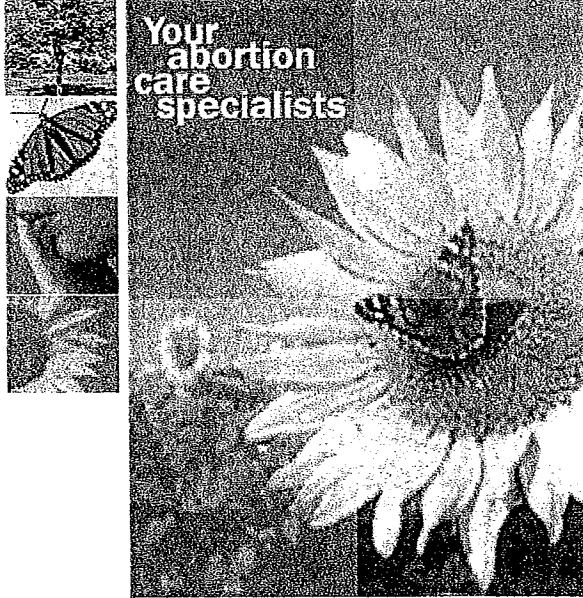


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Your decision to terminate a pregnancy is an important one that requires careful consideration. We believe in your right to make an informed decision and to obtain a safe abortion if that is your choice. Allow us to be your health care provider for this decision and any care you need.

- ▶ Safe and confidential
- ▶ First Trimester Abortions, surgical and medical
- ▶ Second Trimester Abortions
- ▶ Skilled physicians dedicated to your welfare
- ▶ Friendly and caring staff. Personalized attention

PREGNANCY CALCULATOR

The Women's Med Center has conveniently located offices. We offer a variety of options to personalize your care. [Click here](#) to see which can best cater to your needs.

ALSO A PART OF THE WOMEN'S MED CENTER FAMILY:

Dayton Women's Health Center

Indianapolis Women's Center

Cincinnati Women for Women

Cincinnati Women's Services

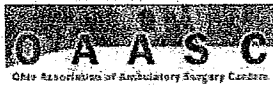
The Women's Med Center, Cincinnati, OH: (800) 643-7225

The Women's Med Center, Dayton, OH: (800) 672-6810

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MEMBERSHIPS AND AFFILIATIONS OF THE WOMEN'S MED CENTERS:



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WHO WE ARE

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Who we are



We are physicians who have been providing safe, legal abortions for more than thirty years. We are physicians who are nationally recognized for providing superior care to our patients. Physicians throughout the United States refer their patients to us. These referrals represent almost half of the surgeries we perform each year. We have won and kept their confidence by demonstrating our consistent commitment to each and every patient, both medically and emotionally, and by providing the best possible care. This approach sets us apart and makes our physician group the best choice for women seeking pregnancy terminations.

Your decision is extremely important and we understand this. Here are a few important facts about our group:

- One of us, a physician, is available 24 hours a day to answer any post-surgery concerns.
- We have very low complication rates of less than one-half percent.
- We give patients individual appointment times
- We have free, onsite parking with private, secure building entrances at each of our centers.

Please tell us if you have any special concerns or problems. Our goal is to see that you have a positive experience while resolving this extremely emotional and challenging situation.

Our physicians are licensed by the respective state medical boards and have each specialized in providing abortion care for more than twenty years each.

Your abortion care specialists

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[PREGNANCY OPTIONS](#)

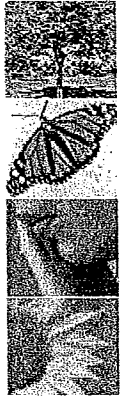
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Physicians

Martin Haskell, MD
 has been practicing gynecology and providing abortions for more than 30 years. He has formal training in anesthesia, general surgery and family practice. He speaks regularly at medical conferences sharing his extensive knowledge and experience with other physicians.

Roslyn Kade, MD
 has been practicing gynecology and providing abortions for over 25 years. She is formally trained in obstetrics and gynecology. She is a past board member of the National Abortion Federation and past president of the Cincinnati Academy of Medicine.

Neil Strickland
 has been practicing gynecology and providing abortions for over 35 years. He is formally trained in obstetrics and gynecology. His medical career spans over 50 years and includes extensive experience in obstetrics and gynecology and emergency medicine.

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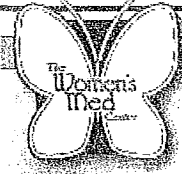
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PREGNANCY CALCULATORS

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Credentials

The Women's Med Centers are physician owned and operated medical care centers to provide the best available medical care.

In Ohio the Women's Med Centers are Ambulatory Surgical Facilities licensed by the Ohio Department of Health.

In Indiana the Women's Med Centers are Abortion Clinics licensed by the Indiana State Department of Health.

We are in full compliance with the Clinical Policy Guidelines set by the National Abortion Federation.

Certified Registered Nurse Anesthetists administer deep sedation or general anesthesia.

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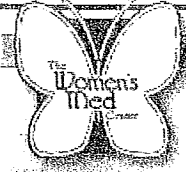
PRENATAL DIAGNOSIS

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Memberships and Affiliations

- National Abortion Federation
- National Abortion Rights Action League
- Better Business Bureau
- The Ohio Association of Ambulatory Surgery Centers
- Greater Cincinnati Chamber of Commerce
- Ohio Providers Association
- Cincinnati Group Management

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PREGNANCY COUNSELOR

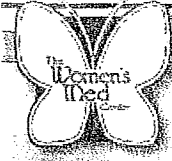
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Patient Comments

Comments from our patients are predominantly positive. Adverse comments are usually related to waiting times. We take all feedback seriously and address problems immediately.

The following comments will give you a sense of how our patients see us:

"The entire staff was very welcoming. Everyone had a smile on their face and made me feel very comfortable at such a difficult time."

"I felt very comfortable; all my questions were answered. I didn't feel alone. Everybody was very nice. Good Job!"

"The nurses were fabulous, I felt more comfortable with their help."

"I hope I never experience this again but I am glad I chose the Women's Med Center to help me through this ordeal. Everyone at your Center gets a round of applause from me. Keep up the great work!! Thank you so very much."

"The staff is very nice, they make you feel like you have known them for awhile because they treat you as if they know you. They talk to you, show concern and they are friendly, good, caring people. I would recommend the Center to anyone. Thank you all a lot."

"The nurse who assisted with the procedure was very pleasant, personable, and caring and made me feel very comfortable and at ease. She kept my mind off the procedure by preoccupying my time spent waiting by just talking small talk."

"I was absolutely terrified when i got here the first day but within minutes i was relaxed due to the caring professional staff. At no time was i feeling pressured, or not heard. I truly believe there are no better staff members that i could have had. They all truly were the reason for my calmness during everything. Thank you for the best staff and the most comfortable environment ever possible. THANKS AGAIN" (9/30)

"this was very difficult for me and they were awesome and supportive. i'm glad i came here. (9/21)

"every one was very nice and helpful.the doctor was excellent very very wonderful." (9/1)

"fabulous experince everything considered thank you for what you do" (9/2)

"everyone was very caring and patient and helpful with my anxiety. thank you very much." (9/9)

"staff was very friendly and helpful. they made sure that all my questions were answered and made me feel comfortable." (9/3)

"the staff was great!they show me that they really care." (9/7)

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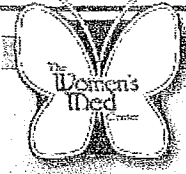
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PATIENT INFORMATION

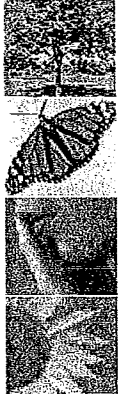
OUR SERVICES

The Women's Med Center offers a variety of abortion care options at our different centers to personalize our patients' care. [Click here](#) to see which of our centers can best cater to your needs.

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Abortion Care

The Women's Med Centers offer both surgical and medical abortions. We can usually schedule your appointment for the preabortion visit within a few days of your call and for the procedure just a day or two later.

Click on one of the links above to learn about our services in more detail. Remember that the laws in both Indiana and Ohio require a pre-abortion visit before termination services can be performed.

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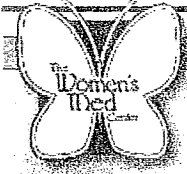
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[PREGNANCY CALCULATOR](#)

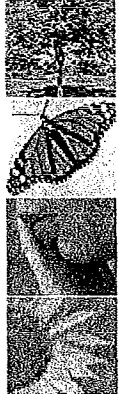
ABORTION CARE CENTER

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Appointments & Facilities

When you call our Center, a friendly, well-trained appointment counselor will assist you by answering all your questions, explain the procedure, the costs, methods of payment and schedule your appointment. She will ask the first day of your last menstrual period to determine how far you are into the pregnancy. The length of the pregnancy determines the type of procedure and the cost.

For your safety and comfort all our offices have private parking lots so you may park close to our building. Our Centers are very secure, clean, and comfortably decorated.

For your safety and privacy, and for the safety and privacy of all our patients, we ask that you and any guest bring a photo ID and please leave all cell phones, cameras, pocket knives and any type of weapon in your car. All patients and guests are checked in by a security guard who will ask to see your ID's and to inspect any purses, backpacks, briefcases or packages and will perform an electronic security scan. We appreciate your cooperation.

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ABORTION CARE OPTIONS

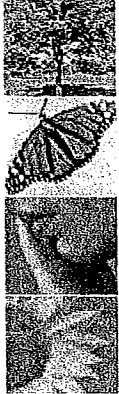
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Pre-Abortion Visit

Ohio's Abortion Consent law requires a face to face meeting with a physician at least 24 hours in advance of terminating the pregnancy.

Indiana's law requires require a face to face meeting with a health care professional at least 18 hours prior to termination.

Our staff love their jobs. They will provide you personalized care and attention in individual patient information sessions. A trained professional will thoroughly explain the abortion procedure, after care instructions and birth control methods. You may discuss your personal feelings as much or as little as you choose. We focus on meeting your medical and emotional needs.

During this visit you will complete a detailed medical history, review the consent forms and view an informational video about the procedure. We will perform an ultrasound examination to determine the length of your pregnancy as well as some basic laboratory tests. A physician or, in Indiana, a nurse practitioner will meet with you, answer all your questions and review the informed consent information.

For this visit plan to be at the Center between 1-1/2 to 2-1/2 hours. However, if you download your forms from the internet and complete them before the visit, the time can be shortened to about an hour.

Partial payment is due at the beginning of this visit.

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PATIENTS

TECHNICAL ASSISTING

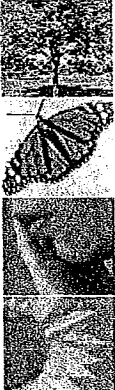
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Surgical Services: What To Expect

A surgical abortion is a surgical procedure requiring no incision or cutting. It is considered minor surgery and is one of the safest medical procedures.

Suction curettage is used to terminate pregnancies up to 13.5 weeks from the last menstrual period (LMP). A dilation and evacuation procedure (D&E) is used to terminate pregnancies from 14 through 24 weeks LMP (available at Ohio Centers only). These are the safest abortion methods and they do not involve labor.

Suction Curettage

Suction curettage abortion for a first trimester abortion requires only a brief one and one-half hour visit on a day after the pre-abortion visit. The actual abortion procedure takes only a few minutes. However, checking in, making the final payment and recovery time total approximately 60 to 90 minutes.

D&E Patients (Ohio Centers only)

The D&E procedure requires two visits to the Center after the preabortion visit. The first day, our physician performs a pelvic exam and inserts laminaria, which absorb moisture and expand slowly overnight.

The second day, the laminaria are removed and our physician performs the five to fifteen minute procedure. Some more advanced pregnancies (19 through 24 weeks LMP) may require an additional day of cervical preparation.

Recovery

In recovery, the recovery nurse will provide you with a snack, a heating pad to ease any cramping, and your medications. She will also give you instructions on post abortion care and birth control methods. We encourage our patients to return to us for a follow up examination three weeks following surgery at no charge. We will also provide you an additional month of your contraceptive free of charge.

Our staff love their jobs. They will provide you personalized care and attention.

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The Abortion Pill (RU-486)

The Women's Med Centers offer Medical Abortions often referred to as "the abortion pill." A medical abortion is much like a miscarriage early in a pregnancy. Some women consider this method more "natural" than surgical abortions. Others prefer surgery because it is completed more quickly, and causes less discomfort for a shorter period of time.

What is a medical abortion?

A medical abortion occurs when a woman takes two medications. The first ends the pregnancy while the second causes the uterus to expel the pregnancy tissue. The alternative is surgical abortion, which ends a pregnancy by emptying the uterus (womb) with suction or special surgical instruments.

When can a medical abortion be performed?

Medical abortions are performed from the time a woman knows she is pregnant until 63 days from the first day of her last normal menstrual period. All patients electing a medical abortion have an ultrasound to accurately confirm the length of the pregnancy.

How does a medical abortion work?

Women take two medications one to two days apart. The first is Mifeprex®, also known as RU486. Mifeprex® blocks one of the hormones (progesterone) that is important for early pregnancies to develop. By blocking this hormone, the pregnancy dies and the cervix of the uterus begins to soften. The second medication is misoprostol, a prostaglandin that causes the uterus to contract (similar to labor) and expel the pregnancy. This causes cramps and bleeding.

What are the steps in terminating a pregnancy?

When you return after the preabortion visit, the physician provides you the first medication (Mifeprex®) which you will take in his presence. This is a small tablet that is swallowed with water. He also provides your other medications and birth control. We will also give you a Rhogam injection if you are Rh negative.

A day or two later you will take the other medication, misoprostol, 4 small tablets dissolved in the mouth or the vagina. Usually within two to four hours you will begin to experience very strong cramps and heavy bleeding. This may last an additional two to four hours.

Follow-up Visit – Two weeks later you should return for a followup ultrasound examination to verify that your uterus is empty and that the abortion was complete.

Can any woman have a medical abortion?

There are certain limitations that prevent women from having this type of termination:

- Women with an ectopic pregnancy or who have an IUD in place
- Women who have bleeding disorders or are taking blood-thinners are ineligible
- Those who have been on long-term corticosteroid therapy or are

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PREGNANT? DON'T WORRY!

HOW CAN WE HELP YOU?

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- allergic to Mifeprex® or Cytotec or other prostaglandins
- In addition, anyone who might be unable to understand the effects of or comply with the treatment should not use the drug

Will medical abortions revolutionize the way abortions are provided?
RU-486 can only be used by women with a pregnancy up to 63 days. These women tend to like the privacy and control the medical abortion allows them.

We find that many women still prefer the surgical method and the advantages it offers.

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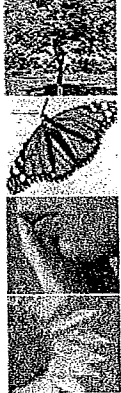
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Comparing Medical and Surgical

Medical Abortion

- Can terminate as soon as pregnancy is confirmed
- Patient experiences labor, which may last several hours
- Patient terminates pregnancy at home
- Cannot terminate past 63 days of pregnancy

Surgical Abortion

- Must wait until six weeks pregnant for termination
- Actual surgery is usually five to ten minutes
- Many women consider this method less stressful
- Can terminate until 24 weeks of pregnancy

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Safety

Abortion is one of the most highly scrutinized of all medical procedures. Legally performed abortions are safe with very low serious complication rates. The risks do increase as the length of pregnancy advances. The safest gestational age for an abortion is between 6 and 8 weeks, though it remains very safe throughout the first and second trimester.

Complications associated with abortion are generally much less frequent than with childbirth. Abortion is 10 to 30 times safer than childbirth depending on the length of pregnancy at the time of termination and the age of the woman. The younger a woman is under age 20, the higher the risk for carrying the pregnancy to full term and the safer abortion is in comparison.

Women can lower their risk of complications by doing the following:

- Don't delay. The earlier the pregnancy, the safer is abortion
- Ask questions. Make sure you understand what to expect
- Inform the provider of any allergies, health problems or current medications
- Follow all post operative instructions carefully
- Have a post operative examination 3-4 weeks after the procedure

Medical Abortion

Possible side effects include strong cramps, nausea, headache, vomiting and diarrhea. There is also a small risk (1 per 100,000) of a severe infection that can be fatal.

In U.S. clinical trials, three percent of women needed a D&C after the medical abortion either to remove retained tissue, to control excessive bleeding or for other reasons. The Women's Med Centers provide this service in our offices for no charge for our patients who require it.

Suction Curettage

Like all surgeries, there are some risks. It is very unusual to have a complication requiring hospitalization following an early abortion, less than 1 per 10,000 surgeries. The risk of dying is less than 1 per 400,000 surgeries. A first trimester abortion is much safer than carrying a pregnancy to full term and delivery.

At the Women's Med Centers about 1 patient out of every 300 needs the surgery repeated because of retained tissue, blood clots in the uterus, excessive bleeding or other reasons. There is no charge for this extra surgery. We have never had a death.

Dilation and Evacuation (D&E)

As pregnancy advances, the risks to the health of a woman from terminating a pregnancy do increase. Even so, they remain less than the health risks of carrying a pregnancy to term and having a baby. For second trimester abortions (14 to 24 weeks) the risks of dying are 1 per 100,000 surgeries. The risk of serious complications requiring hospitalization vary from 1 per 5000 surgeries at 14 weeks to 1 per 1000 for surgeries performed between 20 to 24 weeks.

Your
abortion
care
specialists

Language: [English](#) | [Español](#)

Ohio

▶ [Cincinnati, OH](#)
(800) 543-7225

▶ [Dayton, OH](#)
(800) 672-6810

Indiana

▶ [Indianapolis, IN](#)
(800) 382-9029

Teléfono Español

▶ (888) 720-9794

Click our nearest location for online center tours and driving directions.

PREGNANCY CALCULATOR

ABORTION CARE CENTERS

The Women's Med Center offers a variety of abortion care options at our different centers to personalize our patients' care. [Click here](#) to see which of our centers can best cater to your needs.

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Emotional Effects

After the abortion, most women feel a sense of relief. However, a few women experience mild emotional or psychological distress. Women with support from family or loved ones usually work through this within a brief period of time. In rare cases, professional help may be required.

Historical Perspective

Abortion has not always been safe. Until 1973 when abortion became legal in the United States, women felt desperate and alone. They often attempted unsafe measures to terminate the pregnancy themselves or they would find someone to perform an abortion. Frequently, these abortionists were not physicians and performed abortions in unsanitary facilities using primitive instruments. Thousands of women died every year and thousands more suffered serious medical complications.

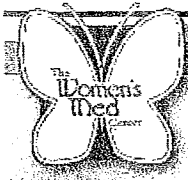
Making abortions legal has made them very safe, ensuring that they are performed by licensed, trained physicians in clean medical facilities. In addition, the routine use of ultrasound and other improved technologies have made abortions much safer.

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The Women's Med Center



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ABORTION CARE

- [Appointments & Facilities](#)
- [Pre-Abortion Visit](#)
- [Surgical Services: What To Expect](#)
- [The Abortion Pill \(RU-486\)](#)
- [Comparing Medical and Surgical](#)
- [Safety](#)
- [Fetal Indication](#)

Fetal Indication

You have been referred to our Dayton Center because there are serious medical problems with your pregnancy. This unexpected news is devastating and your decision to terminate is a difficult one.

The Women's Med Center of Dayton is a private medical practice specializing in pregnancy termination services. Our highly skilled physicians and well-trained staff are experienced in providing comfort and assistance to women in crisis and we will make every effort to help you during this difficult time.

Your care will be personally coordinated by a Registered Nurse (RN). She works closely with regional genetic centers and understands both your medical and emotional needs. After you schedule your appointment, she will contact you and your physician's office to answer questions and to coordinate any special requests or tests.

We will provide you and your husband or support person a private waiting and recovery area. This person may be with you during these times.

If you would like more information about pregnancy termination procedures and what you may expect while at our Center, please click one of the links at the top of this page. Also, please visit our [Dayton Center tour](#).

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Your abortion care specialists

Language: [English](#) | [Español](#)

OHIO

Ohio

- [Cincinnati, OH](#)
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- [Dayton, OH](#)
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ABORTION CARE OPTIONS

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LAW S

▶ [Ohio Abortion Law](#) ▶ [Indiana Abortion Law](#)

24 Hour Informed Consent Law

Ohio's 24 Hour Informed Consent Law requires that women receive certain information at least 24 hours before an abortion in a face to face meeting with a physician. We will provide this information during your [Pre-Abortion Visit](#).

Our physician must explain the following:

- The probable gestational age (length of pregnancy in weeks)
- The nature and purpose of the abortion
- The medical risks of the abortion procedure
- The risks of the abortion compared to the risks of continuing the pregnancy and delivering a baby

We must also provide the following information at least 24 hours before each abortion

- The name of the physician scheduled to perform the abortion
- State of Ohio Brochure on fetal development
- State of Ohio Services Directory

In addition, we must provide an opportunity for you to ask our physician questions about the abortion.

At the end of the visit, we will ask you to sign an Informed Consent stating you have been provided all the information above, that you consent to the abortion voluntarily and that you are not under the influence of any drugs or alcohol.

Exceptions

The law provides only one exception to the 24 Hour Informed Consent, an emergency posing an immediate danger to a woman's health.

Minors

If you are under the age of 18, a parent, legal guardian or custodian must accompany you during the [Pre-Abortion Visit](#). Ohio law requires that they provide their Informed Consent.

Exceptions for Minors

The law provides three exceptions for minors:

- You file an affidavit with juvenile court and request a sibling over 21, a stepparent or a grandparent be substituted for a parent
- You apply to Juvenile Court and receive a judicial bypass which waives the requirement of parental consent
- You are an emancipated minor, (a)employed and living on your own or have otherwise become independent from the care and control of your parents or (b) you are married

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Your abortion care specialists

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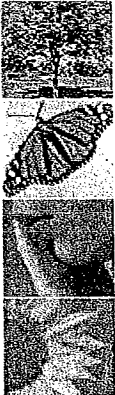


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The Women's Med Center



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L A W S

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18 Hour Informed Consent Law

Indiana's 18 Hour Informed Consent Law requires that women receive certain information at least 18 hours before an abortion in a face to face meeting with a physician or certain other healthcare providers. We will provide this information during your [Pre-Abortion Visit](#).

Our physician must explain the following:

- The nature of the proposed procedure
- Risks of and alternatives to the procedure
- Probable gestational age of the fetus, including an offer to show you an ultrasound of the fetus, an opportunity to listen to the fetal heartbeat and other relevant information on the potential survival of the fetus at its stage of development
- Risks associated with carrying the pregnancy to term
- Name of the physician who will perform the procedure

We must also provide the following information at least 18 hours before each abortion

- Medical assistance benefits may be available for prenatal care, childbirth and neonatal care
- The father is liable for child support, even if you are not married
- Adoption alternatives are available and the adoptive parents may legally pay the cost of prenatal care, child birth and neonatal care

In addition, we must provide an opportunity for you to ask our physician questions about the abortion.

At the end of the visit, we will ask you to sign an Informed Consent stating you have been provided all the information above, that you consent to the abortion voluntarily and that you are not under the influence of any drugs or alcohol.

Exceptions

The law provides only one exception to the 18 Hour Informed Consent, an emergency posing an immediate danger to a woman's health.

Parental Consent for Minors

If you are under the age of 18, the State of Indiana's Parental Consent Law requires one parent must provide written consent before the minor obtains an abortion. One of your parents or legally appointed guardian must accompany you to your [Pre-Abortion Visit](#) to provide this consent.

Exceptions for Minors

A minor may obtain an abortion without parental consent by securing a court order stating she is mature enough to make her own decision or that an abortion is in her best interest. We can provide some guidance with the process.

If a minor is emancipated (either married or working full time and self-supportive) she may obtain an abortion without parental consent.

Gestational Limits

Indiana requires that abortions after the first trimester of pregnancy must be

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performed in a hospital or licensed surgical center. This makes second trimester abortions unnecessarily expensive. Consequently, most Indiana women travel out of state for second trimester abortions.

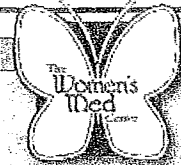
Our Ohio Centers in [Cincinnati](#) and [Dayton](#) provide second trimester abortions to many out-of-state women. These Ohio Centers specialize in elective and therapeutic abortions from 6 through 24 weeks. Fetal anomaly terminations are done at our Dayton Center. For more specific information, click on the center closest to you.

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The Women's Med Center



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BIRTH CONTROL

- [Birth Control Pill](#) ▸ [Nuva Ring®](#) ▸ [Ortho Evra® \(the patch\)](#) ▸ [Depo-Provera®](#)
- [Implanon®](#) ▸ [Condoms](#) ▸ [Female Condom](#) ▸ [Spermicides](#) ▸ [Diaphragm & Cap](#)
- [Sponge](#) ▸ [Female Sterilization](#) ▸ [Vasectomy](#) ▸ [IUDs](#) ▸ [Morning after Pill](#)

Birth Control

There are a variety of birth control options available to women and couples to protect against unwanted pregnancy. Some methods are easier to reverse in the future when a woman desires a planned pregnancy. To determine which method is best for you, you should consider the effectiveness, side effects, cost and convenience.

Condoms, spermicides and the sponge are inexpensive methods that can be purchased over the counter. They are effective when used properly, but not as effective as the other methods. They must be reapplied before each intercourse. Of all methods of birth control, only condoms protect from sexually transmitted diseases.

The Women's Med Center offers birth control pills, Depo-Provera® (the shot), Ortho Evra® (the patch) and NuvaRing® (the ring). All are very effective and easily reversible. These methods all require a physician's prescription to obtain them..

Other reversible birth control options are intrauterine devices and Implanon® (progestin implant), These require a physician to insert them, but they are effective for many years before they need to be replaced. A physician must remove them when a woman is ready to become pregnant.

Tubal ligation, tubal occlusion and vasectomy are permanent methods. These require minor surgery by a physician. They are the most effective methods but cannot be reversed.

The links at the top of this page describe each of these methods in more detail.

Your abortion care specialists

Language: [English](#) | [Español](#)



Ohio

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Indiana

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(800) 382-9029

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- (888) 720-9794

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The Women's Med Center



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FEES & INSURANCE

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Fees

Fees are based on several factors, especially the length of your pregnancy. They vary slightly depending on the Center. Please call the Center of your choice. We will be happy to provide you with the cost of your procedure.

Your abortion care specialists

Language: [English](#) | [Español](#)



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- [Cincinnati, OH](#)
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Insurance

If you have insurance coverage, we will file a claim for you or assist you in filing one, depending on your specific policy. Unfortunately, we do not accept insurance for payment.

Your abortion care specialists

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LOCATIONS

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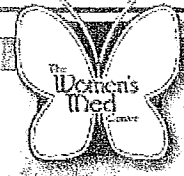
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PRENATAL COUNSELING

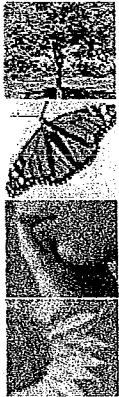
PRENATAL CARE OPTIONS

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The Women's Med Center



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FEES & INSURANCE

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Financial Assistance

Financial assistance is available from a private foundation for those living in households at or near the poverty level or on Medicaid. Call one of our Centers and we can provide more information and help with the application process.

Your abortion care specialists

Language: [English](#) | [Español](#)

OHIO

Ohio

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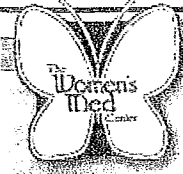
[PREGNANCY CALCULATOR](#)

OUR SERVICES

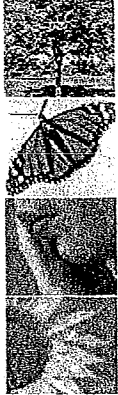
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FEES & INSURANCE

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Payment

Partial payment is due at your pre-abortion visit. The balance is due when you return for your procedure. We accept MasterCard, Visa, and Discover credit cards, traveler's, certified and cashier checks and money orders. Cash and personal checks are not accepted.

Your abortion care specialists

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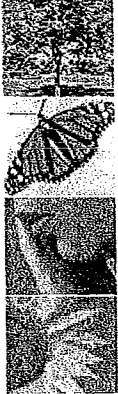
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The Women's Med Center



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FEES & INSURANCE

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What's included at Women's Med

Our fees are all-inclusive. There are no extra charges after you arrive at our Center. Everything is included except general anesthesia which is available for a modest additional fee at our Cincinnati and Dayton locations.

- Pregnancy test
- Ultrasound examination
- Lab Tests
- Local Anesthesia
- Medications
 - Doxycycline (Antibiotic)
 - Ibuprofen (prescription strength)
 - Ergonovine (for bleeding)
 - Rhogam (Rh Negative patients)
- Snack
- Birth Control Pills
- Sanitary Napkins
- 24 hour physician availability
- Post-op exam
- For patients 22 - 24 weeks LMP and living one hour or more from the Cincinnati or Dayton Center we provide a hotel room

Your abortion care specialists

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PREVENTION & CONTRACEPTION

ABORTION SERVICES

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The Women's Med Center



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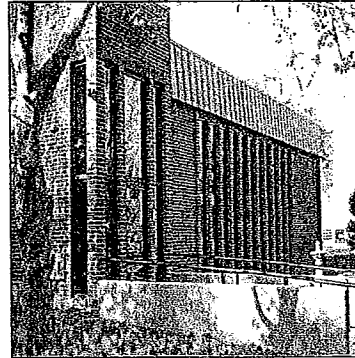


LOCATIONS

▶ [Driving Times](#) ▶ [Directions](#)

Welcome to our Women's Med Cincinnati

11250 Lebanon Rd
US Route 42
Sharonville, OH 45241
(513) 751-6000
(800) 543-7225



Your abortion care specialists

Language: [English](#) | [Español](#)

LOCATIONS

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ABOUT OUR CENTERS

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PHOTOS DESCRIPTION



Our Center is decorated with your comfort and privacy in mind.



We encourage you to bring a relative or friend. Our reception areas provide a quiet spot for reading or watching television.



Our Center is decorated with your comfort and privacy in mind.



Our patient educators provide helpful information about your medical procedure and answer any questions you might have. They will take the time necessary for you to understand your options and our procedures.



While you relax a short time in recovery, we discuss your post-op instructions and offer refreshments.

*Click on photos to enlarge

Directions

[Yahoo Map](#) - View a Yahoo map or customize your driving directions.

Directions from major roads

From the North I-75

Take I-75 South to I-275 East to the Sharonville-Mason (US Route 42) exit. Turn right off the exit and go 1 mile. Women's Med is past Sharon Woods on the left behind the LaRosa's.

From the North I-71

Take I-71 South to I-275 West to the Sharonville-Mason (US Route 42) exit. Turn left off the exit and go 1 mile. Women's Med is past Sharon Woods on the left behind the LaRosa's.

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From the South

Take I-75 North to the Sharon Road exit. Turn right (East) off the exit and go about 1-1/2 miles to the end of Sharon Road. Turn left and follow Main Street about a mile past the Sharonville Fire Station. Keep to the right. Women;s Med is on the right behind the LaRosa's.

From the West I-275

Take I-275 East to the Sharonville-Mason (US Route 42) exit. Turn right off the exit and go 1 mile. Women's Med is past Sharon Woods on the left behind the LaRosa's.

From the West Ronald Reagan Hiway

Take Ronald Reagan Highway East to I-75. Take I-75 North to the Sharon Road exit. Turn right (East) off the exit and go about 1-1/2 miles to the end of Sharon Road. Turn left and follow Main Street about a mile past the Sharonville Fire Station. Keep to the right. Women;s Med is on the right behind the LaRosa's.

From the East.

Take I-275 West to the Sharonville-Mason (US Route 42) exit. Turn left off the exit and go 1 mile. Women's Med is past Sharon Woods on the left behind the LaRosa's.

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Women's Med

Instructions for Completing Forms For Surgical Abortion

Thank you for choosing Women's Med. Our goal is to provide you quality medical care in an environment sensitive to your special needs. Taking the time to complete these forms will shorten your pre-op visit to approximately one hour.

Please use **blue ink** to complete the following:

- *Registration form*
- *Medical History form*
- *Physician Information form*

Please read the following forms but **do not** sign or date at this time. Feel free to write any questions you may have on these forms.

- *Abortion Procedure Explanation*
- *Follow-up Instructions.*
- *Disclosure of Risks, Benefits and Alternatives*
- *Consent to Treatment*
- *Consent and Certification*
- *Privacy Policy*

___ All patients and guests are required to bring a government issued photo ID with birth date or birth certificate.

___ Bring your completed forms and expect to be with us about 1 hour.

___ A partial fee is collected when you check in. We accept MASTERCARD, VISA, DISCOVER, MONEY ORDER or cashier's check. Please no personal checks or cash.

___ Please leave cell phones, cameras, pocket knives and any weapons in your car. Patients and guests are checked in by a security guard who inspects purses and performs an electronic security scan.

___ Please leave children at home.

___ There may be protesters outside. Please ignore them. We have a guard on duty for your safety.

___ If you are under 18 years old, you must have **ONE** of the following at your first-visit:

1) A parent, legal guardian or court appointed custodian accompanying you to the center. **They must bring government issued photo ID. You still need to bring your own ID or birth certificate.** If a guardian or custodian is accompanying you, they must bring a certified copy of the court order; or

2) A Judicial Bypass

Women's Med

Abortion Procedure Explanation

A *Suction Curettage* is performed on all women seeking abortion through 13 weeks of pregnancy. All patients have a finger stick for blood tests and an ultrasound exam to confirm the length of pregnancy during the pre-abortion visit.

A nurse will be with you throughout the procedure. She takes you into the operating room where you will undress from the waist down, cover with a drape sheet, and be seated on the examination table. Next, the physician performs a pelvic exam to confirm the length of pregnancy. The physician inserts one or two fingers into the vagina and presses down on the abdomen with the other hand. In this manner, the physician feels your uterus to determine its size and location.

The physician then inserts a speculum, an instrument which holds the walls of the vagina open so the cervix (opening to the uterus) is visible. The vagina is cleansed with an antiseptic solution. Next, the physician gives you a local anesthetic. Then the physician dilates (opens) the cervix gradually, using different size dilating rods until the cervix is open to about the diameter of one finger. A suction catheter (tube) is inserted into the uterus to remove the pregnancy. During this time you may feel moderate cramping.

The physician suctions the uterus until everything has been removed. The entire procedure usually takes about 5 minutes.

When the procedure is completed, you get dressed and walk to the recovery room. A snack and beverage are provided. After approximately 20 to 30 minutes you can leave and resume most normal activities. If receiving general anesthesia, recovery will be longer and you must have a responsible person drive you home.

Patients 14 Weeks In Pregnancy and Beyond (Ohio Only)

A *D&E* (dilation and evacuation) is performed on all women 14 weeks and over in pregnancy. The procedure is done in two days. Select patients with a soft cervix may have the procedure done in 1 day by the suction method described above.

The first day, after cleansing and numbing the cervix, the physician inserts dilataria into your cervix. The dilataria absorb moisture and gradually swell to open your cervix. You may experience cramping similar to menstrual cramps or slightly stronger during the night. You leave Women's Med after the dilataria are inserted and return for the abortion the following day.

When you return the second day, the dilataria are removed by the physician. The physician evacuates the uterus (removes the pregnancy with instruments). This takes between 10 to 20 minutes. Afterward, you stay 1 1/2 to 2 hours for recovery. If having general anesthesia, you must have a responsible person drive you home.

Chart #:
D.O.B:
Name:

Women's Med

Registration

(Please Complete Entire Form)

Date: ____ / ____ / ____

Thank you for choosing Women's Med.
Each staff member has a personal commitment to meet your medical and emotional needs.
Please let us know if you have any questions or concerns during your visit.

Name: _____
(First, Middle Initial, Last) (Maiden, Former Married Names)

Home Address: _____
(Street Address, Not P.O. Box)

City: _____ State: _____ Zip: _____

Social Security#: _____ Birthdate: _____

Home Phone#: () _____ Work Phone#: () _____

Person Responsible For This Bill? _____

Home Phone#: () _____ Work Phone#: () _____

I understand you may have to contact me if there is a medical problem with my laboratory tests. _____ I do not wish to be contacted at home. You may reach me by calling: () _____ OR () _____

OR by writing me care of:

(Name) _____ (Address) _____

(City) _____ (State) _____ (Zip) _____

OR by contacting my physician:

(Name) _____ (Address) _____

(City) _____ (State) _____ (Zip) _____

Whom May We Call in Case of Emergency Who Does Not Reside With You?

Name: _____ Phone#: () _____ Relationship: _____
Responsible Party

Patient Signature _____ Signature _____

Chart #: _____
 D.O.B: _____
 Name: _____

Women's Med

Medical History

Date: ____ / ____ / ____

Patient Name: _____ Age: _____

Home Phone: () _____ Work Phone () _____

List your allergies: _____

List any medications you are currently taking: _____

Do you smoke?: _____ Do you drink alcohol?: _____ How many drinks per week?: _____

Do you use or have you ever used I.V. drugs or cocaine?: _____

What kind?: _____

Are you presently or have you ever experienced (physical, sexual, emotional) abuse in your home?: _____

What is your blood type?: _____ Rh?: _____ Total # of Pregnancies (Include this one) _____

Date Last Period Started: _____ #Children Born Alive: _____

What type of birth control were you using?: _____ #Stillborn: _____ #C-section: _____

What type of birth control would you like to use?: _____ #Miscarriages: _____ #Premature: _____

#Previous Abortions: _____ #Ectopic: _____

Have you ever had or have any of the following:

	Yes	No		Yes	No
Abnormal Pap Smear	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur/Mitral Valve Prolapse	<input type="checkbox"/>	<input type="checkbox"/>
PID or Pelvic Inflammatory Disease	<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	Reaction to General Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Genital Herpes	<input type="checkbox"/>	<input type="checkbox"/>	Free Bleeding or Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
Other Female or Vaginal Infections	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>
Ectopic or Tubal Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Problems W/Birth Control Pills	<input type="checkbox"/>	<input type="checkbox"/>
Blood Clots in Legs/Lungs	<input type="checkbox"/>	<input type="checkbox"/>			

Explain any "yes" answers here: _____

Have you or any member of your family had any of the following conditions? (Check only if "yes").

	SELF	MOTHER	FATHER	SIBLING		SELF	MOTHER	FATHER	SIBLING
Present Age or at Death	_____	_____	_____	_____	Bladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Clots/Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB or Lung Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke/Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fibroids/Cysts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes/Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ovary/Tube Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infection of Ovary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia or Trait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premenstrual Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis/Liver Disease/Infec. Mono	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge				
Adrenal Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Is there anything else we should know about your health? _____

Chart #:
D.O.B:
Name:

Women's Med

Referring Physician Information

Date: ____ / ____ / ____

Please complete this form. If you don't have all the information, please fill in what you can. Our staff members will be happy to help you find addresses and phone numbers.

1. Who do you see for routine gynecological care (birth control, Pap tests, etc.)?

Dr./Clinic

Name: _____

Address: _____

Street

City

State

Zip

(area code) Phone

2. Please tell us which doctor's office, clinic, Planned Parenthood or abortion provider recommended or gave you information about our Center?

Same as above

If different, Dr./Clinic Name: _____

Address: _____

Street

City

State

Zip

(area code) Phone

It is very important you have an exam three weeks after your surgery to make sure your body is healing properly. You may return to Women's Med or go to your physician for this exam.

It is standard medical practice for your physician to receive a report on your medical care today. Your physician needs to know about the procedure performed so he/she can give you the correct exam. Even if you are returning to us for your exam, your physician should still receive a report to maintain a complete medical record. Please provide your doctor/clinic's name to whom you will be returning so that we may send them a brief letter regarding today's visit.

I authorize Women's Med to provide information contained in my medical record to the physician/clinic named below: (Sign only if you want your records sent.)

Dr./Clinic Name: _____

Address: _____

Street

City

State

Zip

(area code) Phone

Patient's Signature _____

Birthdate _____

Please Also Print Your Name _____

for office use only

Date of Abortion _____

Center:

WCD

WCC

WCI

D & C

D & E

Medical

Patient Returning to WMC for Follow-up

Surgeon:
(circle one)

Haskell

Kade

Strickland

Yeomans

Weeks LMP on Day of Abortion _____

Other _____

Educator _____

(initials)

Rec. Rm. _____

(initials)

Comments: _____

Chart #:
D.O.B:
Name:

Women's Med

Follow-Up Instructions

Date: ____ / ____ / ____

Physician's Night and Emergency Phones:	Cincinnati: Dayton: Indianapolis:	(513) 751-2888 (937) 293-7324 (317) 359-6802	If no answer call If no answer call If no answer call	(513) 244-9983 (937) 449-9540 (317) 874-3477
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Call us if you experience any of the following problems:

- If your temperature is over 100.4 degrees. Take your temperature if you feel hot or have chills.
- If your bleeding is heavier than the heaviest day of a normal menstrual period.
- If you have clots larger than a quarter.
- If you have severe pain.
- If you break out in a rash or hives after taking medication.
- If you bleed longer than four weeks.
- If you do not start your period in eight weeks.

Medications: The medications, which we gave you, are to prevent infection and reduce your bleeding. Directions are on the packages. Please take all medications as directed on the packages.

Activities: You may return to normal activities tomorrow. For the next week, avoid especially strenuous activities such as tennis, horseback riding, jogging, lifting heavy objects, or standing on your feet for a long time. If you experience increased cramps and bleeding with increased activity, slow down, put your feet up and rest.

Bleeding & Cramping : Bleeding and cramping vary from woman to woman and may occur until your first menstrual period. Most patients have light bleeding during the first 2 weeks, but some have no bleeding at all. Clots up to the size of a quarter are normal. Cramps should be mild but will be strongest when your bleeding is heaviest. Take 400 mg of Ibuprofen every four hours for cramps or an over-the-counter pain reliever of your choice.

Vaginal Hygiene

Do not put anything in your vagina for 2 weeks. Use sanitary pads. No tampons, no douching and no intercourse. No hot tubs, Jacuzzi's or swimming for 2 weeks .You may take showers but no tub baths for 3 days.

Menstrual Periods: Your next normal period could start as early as 3 weeks after surgery, but it may take up to 8 weeks. Your cervix was dilated to perform the procedure. If you started taking birth control pills, patch or ring your periods will be automatically regulated. You should start birth control the Sunday after your surgery even if still bleeding

Breast Tenderness: It is possible your breasts may fill with milk and become tender and enlarged. This engorgement may start 2 to 3 days after the abortion and may last 2 to 3 weeks. Wear a tight fitting bra 24 hours a day, or wrap your breasts with a 6" elastic bandage while at home/sleeping. Take ibuprofen and apply cold compresses to relieve the discomfort. Do not massage the breasts or express the milk. This causes more to be formed. Place some padding in your bra to absorb leakage. Shower with back to water, avoid stimulation to breasts.

Sexual Activity: Avoid having intercourse for 2 weeks following surgery and until you are protected against pregnancy. It is possible to get pregnant even before your first period starts.

Follow-Up Care: Call us in one week to let us know how you are so we can complete your record. It is important for you to have a follow-up exam 3 weeks after the abortion. Make an appointment right away with our Center, at no additional charge or with your personal physician. Your physician should know that you had a pregnancy terminated.

I have received a copy of these Follow-up Instructions: _____
(Patient or Representative Signature)

Chart #:
D.O.B:
Name:

Women's Med

Disclosure of Risks, Benefits & Alternatives

Date: ____ / ____ / ____

Please carefully read this form. It's important you understand we cannot guarantee that the results obtained from an abortion procedure will always be perfect. Complications may occur and require further treatment.

1. **Alternatives:** The alternative to ending a pregnancy is to continue the pregnancy to birth. A woman either accepts the duties of parenthood or makes other arrangements such as adoption. Continued pregnancy has medical and mental risks, which are considered by most medical specialists to be greater than the risks associated with abortion. Parenthood's benefits and risks vary widely depending upon the individual. Before deciding upon an abortion, you should carefully consider alternatives in your specific situation.
2. **Benefits:** A pregnancy termination can have various benefits, depending upon the individual. Abortion allows you to postpone pregnancy and to resume your normal lifestyle a short time after the procedure.
3. **Risks:** Medical and surgical abortions have certain statistical risks. Medicine and surgery are not exact sciences. Complications, both major and minor, occur in a small percentage of cases, without anyone being at fault. Below is a list of the significant complications. We will ask you to sign this statement indicating you understand the risks and problems that may result from an abortion.
 - a. **Risk of Infection:** Minor and possible major infections can occur following an abortion. This occurs in a small percentage of cases less than 1 out of 1000. Infection can require antibiotic therapy, and very rarely can lead to loss of ability to have children.
 - b. **Incomplete Abortion:** Sometimes all tissue may not be expelled or removed during the abortion. This happens in a small percentage of cases, but may lead to infection unless the surgery is performed again or other therapy started.
 - c. **Continuing Pregnancy:** In a very small percentage of cases, a woman may still be pregnant after an abortion. This may be due to multiple pregnancies (i.e., twins), a double uterus, or a pregnancy in the tubes (ectopic pregnancy). A failed abortion may be detected by a follow-up exam and pregnancy test, after which a re-evacuation can be done. A tubal or ectopic pregnancy is difficult to detect and may require hospitalization and surgery.
 - d. **Perforation:** In a small number of surgical abortions, an instrument may tear the cervix or puncture the uterus' wall. Hospitalization may or may not be necessary, depending upon the injury's extent. In rare instances, there may be injury to the bowel or sufficient injury to the uterus that a hysterectomy is necessary.
 - e. **Bleeding or Hemorrhage:** Heavy bleeding immediately or shortly after an abortion may occur and is common with medical abortions. Severe bleeding requires evaluation and possible hospitalization. The treatment depends upon the cause of the bleeding but may include blood transfusion.
 - f. **Anesthetic Reactions:** Anesthetics do not always eliminate pain. In a very small number of surgical abortions local anesthetics cause extremely severe reactions, including rare instances of convulsions, cardiac arrest or prolonged unconsciousness.
 - g. **Emotional Distress:** In addition to the above-mentioned possible complications of abortion, one of the seldom-mentioned side effects of an abortion procedure is that of psychological or emotional aftermath. In some cases, patients with support from family or loved ones weather this quite well. In other cases professional help is required (psychological, psychiatric or social) in aiding you with this most difficult decision.
 - h. **Other Risks:** Almost all abortions have no complications. Complications associated with abortion are generally much less frequent than with childbirth. Abortion is 10 to 30 times safer than childbirth. Though a link between abortions and breast cancer has been suggested, the medical literature remains persuasive that no cause and effect relationship exists.
4. **Advanced Directives:** Advanced Directives are a durable power of attorney for healthcare or a declaration regarding life support. Women's Med will not require an individual to create or refrain from creating an Advanced Directive. If you have an Advanced Directive, it will be honored. Please provide us with a copy of your Advanced Directive to include in your medical record.

Chart #:
D.O.B:
Name:

Women's Med

Consent to Medical Services, Surgery & Anesthesia

Date: ____ / ____ / ____

Initial

_____ I have carefully read the **Disclosure Of Risks, Benefits And Alternatives**. I have discussed these to the extent I need to with the physician and/or patient educator, and will ask any questions I have before the procedure.

_____ I have fully told my past and present medical history, including drug allergies, prior surgery, blood conditions, prior medications or drugs taken and reactions I have had to anesthetics, medicine and drugs.

_____ I have read, understand and will carefully adhere to the **Follow-Up Instructions**. I understand that my physician and/or patient educator may need to contact me to avoid potential serious complications.

I, _____, agree to have medical and surgical procedures performed upon me for the purpose of attempting to terminate any pregnancy I may have. I agree to be treated by Dr. Haskell, Dr. Kade, Dr. Strickland, Dr. Yeomans or a designated associate physician.

I further agree to the taking of blood samples, cultures, and other tests and procedures, which might reasonably be indicated. I also agree these tests and procedures might or might not relate to my presently known medical condition. I understand my medical attendants might find such procedures necessary or advisable in the course of my evaluation or treatment and succeeding complication.

I consent to the physician or medical assistants giving me painkillers including nitrous oxide, lidocaine, and any other medications necessary for my care. (Cross out any that do not apply).

I understand that tissue and parts will be removed or expelled during the pregnancy termination and I consent to having them disposed of by the medical center or physician in a manner they believe appropriate and as required by law.

I understand that if a major complication arises I may have to be hospitalized and may require minor or major surgery to protect my health. I consent to any such emergency treatment that may appear necessary.

I have read and fully understand the **Consent To Treatment, Anesthetic And Other Medical Services**. The decision is my own and not coerced by any other persons:

Signature of Patient

Witness

I, **THE UNDERSIGNED, CERTIFY:** that I am the parent or legally appointed guardian for the patient named above. I further certify I have read the above consent and other referenced forms. I hereby consent and authorize the above physician to perform an **ABORTION** upon her.

Signature of Parent or Guardian

Witness

(Relationship)

IDENTIFICATION: Patient: _____

Parent: _____

Chart #:
D.O.B:
Name:

Women's Med

Consent and Certification

[As Required by ORC 2317.56(B)(3)]

Date: ____ / ____ / ____

- At least twenty-four (24) hours before the performance or inducement of the abortion, a physician met with me in person and informed me of the nature and purpose of the particular abortion procedure to be used; the medical risks associated with that procedure; the probable gestational age of the embryo or fetus; and the medical risks associated with carrying the pregnancy to term.
- At least twenty-four (24) hours before the performance or inducement of the abortion, a member of the Women's Med staff informed me of the name of the physician who is scheduled to perform or induce the abortion, provided me a copy of the materials published by the Ohio Department of Health, titled, *Fetal Development & Family Planning* and *Services Directory*, and informed me that these materials are provided by the State of Ohio and that they describe the embryo or fetus and list the agencies that offer alternatives to abortion.
- Before the performance or inducement of the abortion, a physician has provided me the information described in paragraph one in an individual, private setting and I was given an adequate opportunity to ask questions about the abortion that will be performed or induced. All questions about the abortion that will be performed or induced have been answered in a satisfactory manner.
- I consent to the particular abortion voluntarily, knowingly, intelligently and without coercion by any person and I am not under the influence of any drug of abuse or alcohol.
- | | |
|--|--|
| _____ I viewed my ultrasound;
(Initial) | _____ I declined to view my ultrasound.
(Initial) |
| _____ I received a copy of my ultrasound;
(Initial) | _____ I declined a copy of my ultrasound.
(Initial) |
- I have signed this consent and certification form prior to the performance of inducement of the abortion.

Physician's Notes:

Physician's Signature _____

PATIENT:

WITNESS:

Signature (Do not sign until you see your physician)

Signature/Date & Time of Signature

Chart #:
D.O.B:
Name:

Women's Med

Patient Privacy and Confidentiality Policy

Date: ____ / ____ / ____

Women's Med centers are the offices of the physicians and practitioners of Women's Med Group Professional Corp. Medical consultation and treatment are confidential and protected by custom, state law and federal law (HIPAA).

We will not discuss or transmit information about the care of you or any patient to an outside (third) party without the written consent of you, the patient, or of a legal guardian or executor, except as required by law.

Our employees will refrain from discussing patient care in front of other patients or visitors to the Center.

Physicians and Registered Nurses may provide information to another physician or physician's agent without the express consent of the patient when they can be reasonably certain that the information provided will further the legitimate treatment and care of the patient by the requesting medical professional. This information may be faxed or transmitted orally.

We will not provide information over the phone to you unless you can provide proof of your identity over the phone. We will not leave information on an answering machine unless you have provided permission for us to do so.

Medical information includes appointment and financial information that discloses the services you received.

I have received a copy of this Privacy Policy

(Patient or Representative Signature)