TEXAS DEPARTMENT OF STATE HEALTH SERVICES

THIRD TRIMESTER INDUCED ABORTION CERTIFICATION FORM

CERTIFICATION FORM NOT REQUIRED IF BIPARIETAL DIAMETER OF FETUS IS LESS THAN 60 MILLIMETERS.

Name of physician performing the procedure: ______________________________

Texas License Number: ________________

Information on facility where procedure was performed:

Name: ______________________________

Address: ______________________________

Telephone Number: ____________________

Date of Procedure: ________ Gestational Age: ________ Type of Procedure: ________

Patient's Name: ______________________________ Patient's Date of Birth: ________
Last First Middle

ATTACH ADDITIONAL SHEET(S) EXPLAINING INFORMATION USED TO ESTABLISH LENGTH OF PREGNANCY.

Place a check beside the medical indications supporting the physician's judgment that the abortion was authorized by Texas Health and Safety Code, §170.002(b)(2) or §170.002(b)(3), (listed below):

______ the abortion is necessary to prevent the death or a substantial risk of serious impairment to the physical or mental health of the woman - §170.002(b)(2)

______ the fetus has a severe and irreversible abnormality, as identified through reliable diagnostic procedures - §170.002(b)(3)

______________________________ ________________
Physician's Signature Date

____
Physician's Printed Name

§170.00(c) of the Texas Health and Safety Code requires a physician who performs an abortion during the third trimester of the pregnancy to make a written certification to the Department of State Health Services on a form prescribed by the department on or before the 30th day after the date the abortion was performed. Please mail this completed form to the following:

DATA MANAGEMENT GROUP
PO Box 4124
Austin, TX 78765-4124

Any person other than the intended recipient who receives this document in error is hereby notified that any disclosure, copying, distribution, use or taking of any action in reliance on the contents of this document is strictly prohibited. Please notify the Texas Department of State Health Services at 1-888-963-7111 ext 2585 immediately to arrange for return of this document to the department.