				ARTMENT OF STATE									
I. FACILITY N	JAME		1	NDUCED ADORTION	NLF UK								
	CITY	COUNTY											
II. REPORTING PERIOD				DATE FORM COMPLETED									
(MM/DD/YYY)	Y – MM/DD/YYYY)		(MM/DD/YYYY)										
IV. ABORTIO	N INFORMATION - DO	NOT IDENTIFY BY ANY MEA	NS THE PA	TIENT OR THE PHYSICIA	N WHO P	ERFOR	MED THE ABOR	TION.					
PATIENT NUMBER 1	ABORTION DATE	TYPE OF TERMINATION (Check only one. Check the box that describes the procedure that actually terminated this pregnancy.)							DATE LAST NORMAL MENSES BEGAN (MM/DD/YYYY)		WEEKS OF GE		
	(MM/DD/YYYY)	1 Suction Curettage 2 Medical (Non-surgical) – Specify Medication(s):									(2-digit WHOLE number)		
		3 Dilation and Evacuation (D&E)											
	RESIDENCE (State and Count	y)		DATE OF BIRTH (MM/DD/YYYY)	RACE		MARRIED?	# OF PREVIOU LIVE BIRTHS		OF PREV. INDUCED	PATIEN VES	T SURVIVED?	
		-		PRINT CLEARLY									
PATIENT NUMBER 2	ABORTION DATE (MM/DD/YYYY)	TYPE OF TERMINATION (Check only one. Check the box that describes the procedure that actually terminated this pregnancy.) 1 Suction Curettage 2 Medical (Non-surgical) – Specify Medication(s); 3 Dilation and Evacuation (D&E) 4 Intra-Uterine Instillation (Saline or Prostaglandin) 5 Sharp Curettage (D&C)								NORMAL MENSES M/DD/YYYY)	WEEKS OF GE (2-digit WHOLE		
		6 Hysterotomy/Hysterectomy	4 □ mira-ote 7 □ Other - :	. 0	1)	5 🗖 SI	arp cureilage (D&C)						
	RESIDENCE (State and Count	· · · · · · · · · · · · · · · · · · ·		DATE OF BIRTH (MM/DD/YYYY)	RACE		MARRIED?	# OF PREVIOU		OF PREV. INDUCED		T SURVIVED?	
	<u>I</u>		FOL	LOW ATTACHED INSTRU	CTIONS	CAREFL	JLLY.	<u></u>	I				
PATIENT NUMBER 3	ABORTION DATE	TYPE OF TERMINATION (Check only one. Check the box that describes the procedure that actually terminated this pregnancy.) DATE LAST NORMAL MENSES									WEEKS OF GE		
	(MM/DD/YYYY)	1 Suction Curettage 2 Medical (Non-surgical) – Specify Medication(s):							BEGAN (MI	M/DD/YYYY)	(2-digit WHOLE	number)	
		3 Dilation and Evacuation (D&E) 4 Intra-Uterine Instillation (Saline or Prostaglandin) 5 Sharp Curettage (D&C)											
		6 Hysterotomy/Hysterectomy 7 Other – Specify:											
	RESIDENCE (State and Count	y)		DATE OF BIRTH (MM/DD/YYYY)	RACE		MARRIED?	# OF PREVIOU		OF PREV. INDUCED		T SURVIVED?	
		-		DO NO LEAVE AN									
PATIENT NUMBER 4	ABORTION DATE (MM/DD/YYYY)	TYPE OF TERMINATION (Check only one. Check the box that describes the procedure that actually terminated this pregnancy.)							NORMAL MENSES M/DD/YYYY)	WEEKS OF GE (2-digit WHOLE			
		1 Suction Curettage	Suction Curettage 2 Medical (Non-surgical) – Specify Medication(s): Dilation and Evacuation (D&E) 4 Intra-Uterine Instillation (Saline or Prostaglandin) 5 Sharp Curettage (D&C)										
		6 Hysterotomy/Hysterectomy											
	RESIDENCE (State and Count			DATE OF BIRTH (MM/DD/YYYY)	RACE		MARRIED?	# OF PREVIOU	JS #	OF PREV. INDUCED	PATIEN	T SURVIVED?	
							YES NO	LIVE BIRTHS		BORTIONS		S 🗆 NO	
		Q	UESTIONS	? CALL DATA MANAGEN	IENT: 1-8	88-963-	7111 ext. 2585						
PATIENT NUMBER 5	ABORTION DATE (MM/DD/YYYY)	TYPE OF TERMINATION (Check only one. Check the box that describes the procedure that actually terminated this pregnancy.)							DATE LAST NORMAL MENSES BEGAN (MM/DD/YYYY)		WEEKS OF GESTATION (2-digit WHOLE number)		
		•	Suction Curettage 2 🗋 Medical (Non-surgical) – Specify Medication(s):						DEGAN (MIN/DD/TTTT)		(2 digit WHOLE	hambery	
		3 Dilation and Evacuation (D&E)	4 Intra-Uterine Instillation (Saline or Prostaglandin) 5 Sharp Curettage (D&C)										
	RESIDENCE (State and Count	6 Hysterotomy/Hysterectomy	7 🗌 Other –	Specify: DATE OF BIRTH (MM/DD/YYYY)	RACE		MARRIED?	# OF PREVIOL	IS #	OF PREV. INDUCED	PATIEN	T SURVIVED?	
		y)			INICE		YES NO	LIVE BIRTHS		BORTIONS	T YES		
IF YOUR FACILITY DID NOT PERFORM ABORTIONS AS DEFINED IN THE HEALTH AND SAFETY CODE, CHAPTER 245, ABORTION FACILITIES, PLEASE CHECK THE BOX BELOW, SIGN YOUR													
	ETURN THIS FORM IN	AN ENVELOPE MARKED "CC	NFIDENTIA	L" BY CERTIFIED MAIL T	D: TEXAS	S VITAL	STATISTICS, DA	ATA MANAGI	EMENT G	Roup, p. o. boy	(4124, AUS	ΓΙΝ, ΤΧ	
78765-4124.													
	AUTHORIZED	SIGNATURE:											