

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
OFFICE OF VITAL RECORDS
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ADVERSE EFFECTS OF MEDICATION ABORTION FORM
PURSUANT TO SECTION 50-20-110, MCA

Background:

Section 50-20-110(4), MCA, states: "A health care provider who prescribes a medication intended to cause or induce an abortion shall keep on file, on a form prescribed by the department, a statement dated and certified by the health care provider reporting any adverse side effects experienced by the person to whom the medication was prescribed."

This form must be kept on file by the health care provider and is not to be submitted to the Department. Within 30 days of prescribing medication intended to cause or induce an abortion, a health care provider must file a separate report with the Department providing the information contained in this form in a manner that does not identify any of the individuals, including the patient, involved with the abortion. Mont. Code Ann. § 50-20-110(5)(b) and (c). A provider can meet this obligation by providing a copy of this completed form with individuals' names and signatures redacted.

Statement of Adverse Effects:

Health care provider prescribing medication intended to cause or induce the abortion:

Facility:

Medication(s) prescribed intended to cause or induce the abortion:

Date medication(s) prescribed:

Patient Name:

Adverse side effects, if any, experienced by the patient:

I hereby certify the forgoing information is true and correct to the best of my knowledge.

Signature of Health Care Provider

Printed Name of Health Care Provider

Date