

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:

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Facility:

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

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Date medication(s) prescribed:

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Patient Name:

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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.

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Signature of Health Care Provider

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Printed Name of Health Care Provider

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Date