

SOUTH AVENUE WOMEN'S SERVICES
ROCHESTER, NY 14620
(585) 271-3850

MIFEPREX™ (Mifepristone) Tablets, 200 mg
PATIENT CONSENT
MIFEPREX* (Mifepristone) Tablets

1. I have read the attached Medication Guide for using Mifeprex and misoprostol to end my pregnancy.
2. I discussed the information with the healthcare provider.
3. The provider answered all questions and told me about the risks and benefits of using Mifeprex and misoprostol to end my pregnancy, including but not limited to those stated on the Medication Guide.
4. I believe I am no more than 63 days (9 weeks) pregnant.
5. I understand that I will take one tablet of Mifeprex by mouth in my provider's office (1 tablet/200 mg). Side effects include nausea, vomiting, vaginal spotting, and bleeding.
6. I understand that I will insert misoprostol (4 tablets/200 mcg) into my vagina at home 24-48 hours after I take Mifeprex. I understand I will experience vaginal bleeding and cramping after inserting the misoprostol. Other side effects include diarrhea, nausea, vomiting, dizziness, and fatigue.
7. My provider gave me advice on what to do if I develop heavy bleeding (bleeding 2 pads/hour) or need emergency care due to the treatment.
8. Bleeding and cramping do not mean that my pregnancy has ended. Therefore, I must return to my provider's office within one to two weeks (no later than 14 days) after I take Mifeprex to be sure that my pregnancy has ended and that I am well.
9. I know that in some cases the treatment will not work and the pregnancy will continue. This happens in about 1 of every 300 women who attempt medical abortions.
10. I understand there is a chance that there may be birth defects if my pregnancy continues after treatment with Mifeprex and/or misoprostol. I will talk to my provider about my options, which may include a surgical procedure.
11. I understand that if the medicines I take do not end my pregnancy and I decide to have a surgical procedure to end my pregnancy, or if I need a surgical procedure to stop my bleeding, my provider will do that procedure or refer me to another provider.

12. I have my provider's name, address, and phone number, and I know I can call if I have any questions or concerns.

13. I have decided to take Mifeprex and misoprostol to end my pregnancy and will follow my provider's advice on when to take each drug and what to do in an emergency.

14. It is mandatory to return to South Avenue Women's Services for a follow-up visit and ultrasound between 2 and 14 days after using Mifeprex. If I am not able or willing to return for this appointment, I cannot choose this method to terminate this pregnancy.

15. By signing below, I understand that if I do not keep my follow-up appointment, I will be mailed a certified letter from South Women's Services to remind me to return for an appointment.

16. I realize I have the opportunity to discuss this procedure with a physician at South Avenue Women's Services, and I waive this right because I feel I have been adequately informed about the procedure I have selected.

Patients Signature: _____

Date: ____/____/____

Patients Name (Print): _____

The patient signed the PATIENT CONSENT in my presence after she was counseled and her questions were answered. I have given her the Medication Guide & a copy of the consent form for Mifeprex.

Provider's Signature: _____

Name of Provider: Roger M. Olander MD
Marion Olander, RPAC/Director of Clinical Services