

STATE OF OHIO CONSENT AND CERTIFICATION

At least twenty-four hours prior to the performance of my abortion procedure, I have received the following information from a physician, verbally or by other non-written means of communication:

1. The nature and purpose of the abortion procedure to be used, based on the probable gestational age of my pregnancy.
2. The risks and complications of an abortion.
3. The risks and complications of continuing my pregnancy to full-term.
4. The name of the physician scheduled to perform the abortion procedure.

At least twenty-four hours prior to the performance of my abortion, I was given the website address for the Ohio Department of Health: www.odh.ohio.gov where I may access the publications; **Resource Directory** and **Fetal Development** and **Family Planning**. I understand that the materials were developed and published by the State of Ohio and that the physicians and staff of Northeast Ohio Women’s Center do not attest to the accuracy of the information, may choose to disassociate themselves from the materials, and may choose to comment or not comment on the materials. I further understand that I may choose to examine the materials or not.

Before the performance of my abortion, I have had an adequate opportunity to ask the physician about the procedure, in an individual, private setting. All my questions have been answered in a satisfactory manner.

I consent to this abortion voluntarily, in an informed intelligent manner; I consent to this abortion without coercion by any person. Further, I am not under the influence of any drug or alcohol.

I have signed the consent and certification from prior to the performance or inducement of the abortion.

Patient’s Signature: _____ Date/Time: _____

Witness Signature: _____ Date/Time: _____