מרכז רפואי ע"ש ברוך פדה, פוריה
The BARUCH PADEH Medical Center, PORIYA

מס' זהות:	
שם משפחה:	שם פרטי:
שם האב:	תאריך לידה:
כתובת:	
טלפון:	**מדבקת פרטי מטופל**

טופס הסכמה: הפסקת הריון תרופתית באמצעות טבליות מיפג'ין וציטוטק

CONSENT FORM: TERMINATION OF PREGNANCY BY MEDICATION

Medication treatment with tablets of Mifegyne (mifepristone) and Cytotec (misoprostol) is intended for the termination of uterine pregnancy of more than 49 days old. If termination of pregnancy by this method is performed at a later time, the chances of success of this treatment are reduced.
The medication in this treatment is given in two different stages, in the first the Mifegyne tablets and in the second the Cytotec tablets at an interval of 24 to 36 hours.
Termination of the pregnancy is expected to occur a number of hours after the second stage. With each stage, rest and medical supervision is necessary: two hours after the Mifegyne tablets and six hours after the Cytotec tablets, or else at the discretion of the treating physician.

Name of Woman: _____ _____ _____ _____
Last Name First Name Father's Name ID No.

I hereby declare and confirm that I received a detailed verbal explanation from:
Dr. _____ _____
Last Name First Name
regarding termination of pregnancy with **Mifegyne and Cytotec tablets** (hereafter: "termination of pregnancy by medication").

I have received an explanation regarding the alternative option of termination of pregnancy by means of curettage, including the advantages and disadvantages of curettage as opposed to termination of pregnancy by medication. It has been made clear to me that after taking the tablets **the process is irreversible,** and in a case in which termination of the pregnancy by medication was not successful, termination of the pregnancy by the usual method must be carried out for fear of possible abnormalities in the fetus caused by the abovementioned medication.
It has been explained to me that severe bleeding does not necessarily indicate termination of the pregnancy and I must report for the follow-up visits to which I have been invited according to the treatment plan.
It has been explained to me that in 5%-10% of cases of termination of pregnancy by medication it is necessary to complete the process of abortion by the usual method of curettage under general anesthetic.
I have received an explanation regarding the possible side effects including: pain similar to menstrual pain or even more severe; considerable vaginal bleeding up to 9 days after taking the Mifegyne tablets and mild bleeding until the next menstruation; weakness, nausea and/or vomiting, diarrhea, loss of appetite, skin rash, a sensation of heat or rigors, headache, dizziness, and sometimes chest pain and a bad mood. These side effects generally wear off a few days after taking the Cytotec tablets in the second stage.
The possible complication of severe bleeding that will require curettage and in rare cases a blood transfusion has been explained to me.
I have also received an explanation regarding possible complications of the curettage including: inflammation of the lining of the uterus, adhesions, a polyp of the lining of the uterus, and perforation of the uterus.
It has been made clear to me that it is forbidden to carry out termination of pregnancy by medication in illness states, together with other medication treatment and in women over the age of 35. I declare that I have informed the treating physician of full medical details.
It has been explained to me that cooperation on my part, and complying with treatment directions are necessary and essential to the success of the treatment in all its aspects.

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כתובת:
טלפון:

מדבקת פרטי מטופל

I hereby consent to the performance of termination of pregnancy by medication.

Date	Time	Patient's Signature

Name of Guardian (Relationship)	Guardian's Signature (for incompetent, minor or mentally ill patients)

I hereby confirm that I provided the patient / the patient's guardian* with a detailed verbal explanation of all the abovementioned, as required, and that he/she signed the consent form in my presence after I was convinced that he/she fully understood my explanations.

Name of Physician	Physician's Signature	License No.

*Delete the irrelevant