

Abortion Scheduling Template

Date: _____

Name: _____
Phone #: _____ OK to Leave Message: Tina: Dr.'s Office
2nd #: _____ OK to Leave Message: Tina: Dr.'s Office

☐ Cash ☐ Insurance ☐ Medicaid

Insurance Carrier: _____
Policy Number: _____
Policy Holder: _____
Medicaid #: _____

LMP: _____ Weeks: _____

Positive pregnancy test? YES NO

Appointment Information

Day: _____ Date: _____ Time: _____

☐ Medication ☐ Aspiration ☐ Unsure
☐ Local Anesthesia ☐ Conscious Sedation ☐ Other: _____ ☐ Unsure

Review:

- ☐ Payment, insurance, fee information. Fee quoted: _____
- ☐ Bring a photo ID and your insurance card
- ☐ Expect to be at the office between 2 to 4 hours
- ☐ Make sure you have a ride home if you plan on having any sedation
- ☐ NPO policy reviewed, as appropriate
- ☐ Wear 2-piece, comfortable clothing
- ☐ Please arrange for your own childcare
- ☐ Charge for Rhogam
- ☐ We will call to confirm your appointment a day or two before (review code)
- ☐ Participation of support person reviewed

Comments: _____

Staff Initials: _____