### Medical Abortion Visit

**Screening:**

<table>
<thead>
<tr>
<th>LMP</th>
<th>Normal / Abnormal</th>
<th>Gestation by LMP</th>
<th>Allergies:</th>
</tr>
</thead>
</table>

**Physical Exam and Ultrasound:**

<table>
<thead>
<tr>
<th>Thyroid:</th>
<th>Heart:</th>
<th>Lungs:</th>
<th>Abdomen:</th>
<th>U/S:</th>
</tr>
</thead>
</table>

**Medications:**

- **Mifepristone 200 mg**
  - Date: _________
  - Time: _______
  - ID#: ________________
  - Exp: __________

- **Immune globulin (MicRhogam) 50 mcg IM**
  - Site: __________
  - Lot#: ________________
  - Exp: __________

- **Misoprostol 200 mcg disp #4**

- **Tylenol #3 disp #10**

- **Ortho-TriCyclenLO x 1 mo, 2 refills phoned to pharmacy**

- **Ortho Evra x 1 mo, 2 refills phoned to pharmacy**

- **Other**

**Support person and relationship:** ________________________________

**Follow-up call requested?**  Yes  No

**Notes:** _____________________________________________________________________________________________________

**Clinician Signature:** _____________________  Date: _________________

**RH Factor**