



## טופס הסכמה: הפסקת הריון תרופתית על ידי ציטוטק ומיפג'ין

### 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





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

Patient's Name

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.

License No.

\*Delete the irrelevant