

1. At least 24 hours before the performance of my abortion procedure; I have received information from a physician, verbally or by other non-written means of communication, regarding the nature, purpose and medical risks of the particular abortion procedure to be used. _____
Initials
2. At least 24 hours prior to my abortion, I have been informed of the probable gestational age of my pregnancy. _____
Initials
3. At least 24 hours prior to my abortion, I have been informed of the medical risks associated with carrying this pregnancy to term. _____
Initials
4. Before the performance of my abortion procedure, I have received the information described in paragraph 1-3 from a physician in an individual, private setting, and have had adequate opportunity to ask the physician my questions about the abortion that will be performed. I have had my concerns addressed pertaining to my election to have a voluntary abortion performed at the Cleveland Surgi-Center, Inc, Inc. All my questions have been answered to my satisfaction. _____
Initials
5. At least 24 hours prior to the performance of my abortion procedure, I have been informed of the name of the physician who is scheduled to perform my abortion procedure. _____
Initials
6. At least 24 hours prior to my abortion, I have received copies of the State of Ohio mandated information. I have been informed that the State of Ohio prepares these materials and that they describe the embryo or fetus, and list the agencies that offer alternatives to abortion, I understand that I may choose whether or not to examine these materials, and that the physician and staff of the Cleveland Surgi-Center, Inc., Inc. may disassociate themselves from the materials and do not attest to the accuracy of the information. _____
Initials

Please initial one:

I choose to read the state pamphlets _____

I choose not to read the state pamphlets _____

Patient's Signature

Date/Time

Witness Signature

Date/Time

Physician's Signature

Date/Time the information
described in Paragraphs 1-6
above was provided:

7. I consent to this abortion voluntarily, in an informed and intelligent manner, without coercion by any person. Further, I am not under duress or the influence of alcohol, drugs, or prescription medications that may affect my judgment. _____
Initials
8. I HAVE PERSONALLY SPOKEN WITH MY PHYSICIAN AND A WITNESS FACE-TO-FACE IN A PRIVATE SETTING AND HAVE SIGNED THIS FORM AT LEAST 24 HOURS PRIOR TO THE PERFORMANCE OF MY ELECTIVE ABORTION AS REQUIRED BY OHIO HOUSE BILL 421. _____
Initials

Patient Signature

Date/Time

Witness

Date/Time

**THE CLEVELAND SURGI-CENTER
4269 PEARL ROAD
CLEVELAND, OHIO 44109
1-800-858-8980**

**THE CLEVELAND SURGI-CENTER, INC.
AFFIDAVIT OF REFUSAL OF STATE MANDATED MATERIALS**

I, _____, do state and attest that The CLEVELAND SURGI-CENTER, INC., did offer to me the State Mandated materials on Abortion and Pre-Natal Development, including two pieces---a listing of all other pregnancy related services in the area and a photographic journal of the gestation of pregnancy—a MINIMUM of 24 hours prior to my abortion procedure in that facility.

Initials

I do also state and attest that I, of my own inclination and with no coercion or pressure from any member of The CLEVELAND SURGICENTER, INC., have opted to exercise my right NOT to view the State Mandated Materials by informing that facility of my choice and refusing the State Materials offered. I have made this choice, and it is fully my responsibility.

Initials

Patient Signature

Witness

Date/Time