

STATE OF NEBRASKA-VITAL RECORDS (Neb. Rev. Stat. §28-327.01)

REPORT for CONTINUING PREGNANCY AFTER TAKING MIFEPRISTONE

PLEASE TYPE OR PRINT

COMPLETE THE FORM IN FULL. ALL FIELDS ARE REQUIRED TO BE COMPLETED

<p>1. Facility Where Service Was Performed:</p> <p>Name of Facility: _____</p> <p>Facility Address: _____</p>
<p>2. Pregnant Woman's Information</p> <p>Age last birthday: _____</p> <p>Patient's legal residence: _____ state</p>

3. Type of Service Provided:

\_\_\_\_\_

4. Complications, If any:

\_\_\_\_\_  
\_\_\_\_\_

5. Name of attending medical professional: \_\_\_\_\_

6. Pregnant woman's obstetrical history:

Previous pregnancies \_\_\_\_\_ Abortions \_\_\_\_\_ Live births \_\_\_\_\_

7. Did an Emergency Situation Cause the Physician to Waive any of the Requirements of Neb. Rev. Stat. §28-327):

Yes       No

8. Medical Professional Signature \_\_\_\_\_