ABORTION FETAL ULTRASOUND AND HEART TONE CERTIFICATON

State Form 55321 (6-13)
INDIANA STATE DEPARTMENT OF HEALTH – IC 16-34-2-1.1(b)

INSTRUCTIONS: Before an abortion is performed, the provider must perform a fetal ultrasound and fetal heart tone procedure. The provider must enable the pregnant woman to view the fetal ultrasound image and hear the heartbeat of the fetus, if the fetal heart tone is audible. The purpose of this form is to document your opportunity to view the image and hear the heart tone. In this form, "abortion" refers to either a surgical abortion or a medication abortion (abortion resulting from an abortion inducing drug). The completed form is kept by the provider as part of your medical record.

I affirm that this form is being completed prior to the abortion.

The abortion provider has offered me the opportunity to view the fetal ultrasound image. I selected the following *(check the appropriate selection)*:

- ☐ I wish to view the fetal ultrasound imaging that will be done prior to the abortion.
- ☐ I decline to view the fetal ultrasound imaging that will be done prior to the abortion.

The abortion provider has offered me the opportunity to hear the auscultation of the fetal heart tone, if the fetal heart tone is audible. I selected the following *(check the appropriate selection)*:

- ☐ I wish to hear the fetal heart tone, if audible prior to the abortion.
- ☐ I decline to hear the fetal heart tone, if audible prior to the abortion.

I hereby certify that information has been provided to me as indicated above.

_____	_____	
Printed name of patient	Patient's medical record number	
_____	_____	_____
Signature of patient	Date *(month, day, year)*	Time