

Cervical Dilator Consent for Insertion

_____I authorize Dr. Goodrick to perform the following procedure to prepare my cervix for my abortion: Insertion of cervical dilators and gauze pack and to do any other procedures that in her judgment may be needed during the above procedure.

_____I have been informed that the osmotic dilators are devices that are inserted into your cervix to dilate or “stretch” the opening. During the time the opening of the cervix is dilating, you may experience uterine cramping.

_____Once the dilation process is started, it is important for you to return to the office for completion of the abortion procedure at your scheduled appointment. If you do not return to the office, you could run the risk of miscarriage, which could result in the need for emergency treatment at a hospital, and the risk for infection or other serious complications. Continuing the pregnancy carries a higher risk of complications than having an abortion. If you continue the pregnancy after the laminaria are inserted, you are at greater risk of early (preterm) delivery, early breaking of the bag of waters, infection, and other serious problems.

_____I understand the above information and the importance of my returning to complete the abortion procedure once the dilators have been inserted. Any complications resulting from my failure to return within 24 hours is my responsibility and not that of Dr. Goodrick.

Date: _____ Patient: _____

Signature: _____

Witness: _____

I certify that I have explained the above information to this patient in her language.

Interpreter: _____