



Case Details

Enter or edit the information below and click the [Save] button to commit this record. Click the [Cancel] button located at the bottom of this page to return to the previous page.

bmission Period - Month		Submission Period - Year	Submission Status		Date of Status
August		2022	Unsubmitted		8/9/2022 8:22:18 AM
wider Name		Provider ID	City	County	Region
AHCA TEST CLINIC		ME999999	TALLAHASSEE	Leon	Region
edical Record No. 2		ncy Termination ②	Is The First Day of Last Menstrua	al Period Known?	First Day of Last Menstrual Period ②
	MM/DD/YYYY		® Yes ○ No		MM/DD/YYYY
an's Estimated Date of Fertilization • Date Report E					
M/DD/YYYY	8/23/2022 4:2	3:40 PM			
oluntary and Informed Conse e requirements for a voluntary and informed ○ Yes ○ No		he pregnant woman in accordar	nce with section 390.0111(3), Florida S	tatutes were met.	
Patient Demographics		Residence of Patient– County	0	Patient Age at L	ast Birthday ⊘
	~		~		
Residence outside the US (if other was selected above) $oldsymbol{\Theta}$		Residence of Patient - County (if outside Florida) @		Patient Married ②	
				○ Yes ○ No ® Unknown	
Patient of Hispanic Origin 🚱		Patient Race ②		Patient Education ②	
	~		~		
spanic Origin Description (if other was selecte	ed above) 🛭	Race Description (if other was	selected above) 😯		
mber of Previous Live Births			Number of Previous Pregnancy	Terminations	
. Now Living b. Now Deceas		ed 🕖	a. Spontaneous 🕖		b. Induced ②
Medical and Health Informati					
ethod of Termination @	OII		Reason for Pregnancy Termination	on Q	
		~	Tedson to Frequency reminates		
othed of Termination Description (if other wa	s calacted above) O		Was (wore the infant(s) bern aliv	a during or immed	
Method of Termination Description (if other was selected above) 🚱			Was/were the infant(s) born alive during or immediately after attempted abortion? ② ○ Yes ® No		
			O 163 @ 140		
mber of Medication Abortion Regimens Pres	cribed or Dispensed				
ditional terms that may be used include: aspiration curett	-	anual vacuum aspiration, menstrual extra one (also known as Cervidil®, prepidil, pr			

Section 390.0112, Florida Statutes requires the director of any medical facility in which abortions are performed, including surgical procedures and medical abortions, shall submit a report each month to the agency within 30 days following the preceding month. Any person required to file this report who willfully fails to file such report may be subject to a \$200 fine for each violation.

Monthly Report of Induced Terminations of Pregnancy, AHCA Form 3130-1010 OL, July 2022 59A-9.034, Florida Administrative Code.

