



### 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.

#### Case Information

Submission Period - Month August	Submission Period - Year 2022	Submission Status Unsubmitted	Date of Status 8/9/2022 8:22:18 AM
Provider Name AHCA TEST CLINIC	Provider ID ME999999	City TALLAHASSEE	County Leon
Medical Record No. <input type="text"/>	Date of Pregnancy Termination <input type="text"/> MM/DD/YYYY	Is The First Day of Last Menstrual Period Known? <input checked="" type="radio"/> Yes <input type="radio"/> No	First Day of Last Menstrual Period <input type="text"/> MM/DD/YYYY
Clinician's Estimated Date of Fertilization <input type="text"/> MM/DD/YYYY	Date Report Entered 8/23/2022 4:25:40 PM		

#### Voluntary and Informed Consent

The requirements for a voluntary and informed written consent of the pregnant woman in accordance with section 390.011(3), Florida Statutes were met.

Yes  No

#### Patient Demographics

Residence of Patient <input type="text"/>	Residence of Patient - County <input type="text"/>	Patient Age at Last Birthday <input type="text"/>
Residence outside the US (if other was selected above) <input type="text"/>	Residence of Patient - County (if outside Florida) <input type="text"/>	Patient Married <input type="text"/> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Patient of Hispanic Origin <input type="text"/>	Patient Race <input type="text"/>	Patient Education <input type="text"/>
Hispanic Origin Description (if other was selected above) <input type="text"/>	Race Description (if other was selected above) <input type="text"/>	
Number of Previous Live Births a. Now Living <input type="text"/>	b. Now Deceased <input type="text"/>	Number of Previous Pregnancy Terminations a. Spontaneous <input type="text"/>
		b. Induced <input type="text"/>

#### Medical and Health Information

Method of Termination <input type="text"/>	Reason for Pregnancy Termination <input type="text"/>
Method of Termination Description (if other was selected above) <input type="text"/>	Was/were the infant(s) born alive during or immediately after attempted abortion? <input type="text"/> <input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Medication Abortion Regimens Prescribed or Dispensed 0	

\*Additional terms that may be used include: aspiration curettage, suction curettage, manual vacuum aspiration, menstrual extraction and sharp curettage.  
\*\*Some commonly used prostaglandins include misoprostol (Cytotec®) and dinoprostone (also known as Ceviid®), prepidil, prostin E2, or dinoprostol.  
390.011 "Gestation" means the development of a human embryo or fetus as calculated from the first day of the pregnant woman's last menstrual period.

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Section 390.012, 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.

