## Patient information and declaration of consent

for the performance of a medical termination of pregnancy with Mifegyne

Mrs		Mifegyne pack no.:	
Street,	number:	Place of residence:	
		d in detail by my attending physician about the forthcoming and in particular about the following points:	
1.	Medical termination	of pregnancy	
Proges	terone is a hormone that is r he <b>termination of pregna</b> r	terone mifepristone, which blocks the effects of progesterone. needed to maintain a pregnancy. Mifegyne® is therefore used to ncy. It is also used to soften and open the cervix (entrance to	
•	I am aware that after taking immediately and <b>cannot b</b>	g Mifegyne® the process of termination of pregnancy begins be reversed.	
•	incompletely. It may then b	cases (around 15%) the treatment may not work or only work or necessary to complete the termination of pregnancy with a urgical procedure) or an alternative second prostaglandin	
•		ossible <b>alternative method</b> , namely surgical termination by tage, and the advantages and disadvantages of both methods detail.	
•	to carry the pregnancy to te	ancy continues despite taking the medication and I then decide erm, I am aware that <b>health risks to the foetus cannot</b> be gnancy must be closely monitored.	
2.	Treatment procedure	2	
Ingesti	on of 600mg mifepristone (M	r intrauterine pregnancy up to the 63rd day Mifegyne®), after 36-48 hours ingestion of 400μ g ng starts a few hours after taking misoprostol.	
•		ent <b>medications, Mifegyne® and Topogyne®</b> , are used. I have to take and use the medication.	$\bigcup$

## 3. Possible side effects

infection due to abortion and heavy bleeding in of side effects is attached for persistent compla	aints. Please read the package leaflet for full details	
In the event of prolonged symptoms or severe and visit the nearest hospital outpatient clinic.	bleeding, call the emergency services on 144 or	
	esirable side effects after taking or using the ut what these side effects can be and what I can do ould consult a doctor immediately.	
Furthermore, I confirm that I am not aware of a ingredients of the medicine and that I do not have	any hypersensitivity to the active substance or othe ave any of the following diseases:	r
<ul> <li>Chronic adrenal failure</li> <li>Severe, not therapeutically controlled a</li> <li>Congenital porphyria</li> <li>Liver/kidney failure</li> </ul>	asthma	
I hereby confirm that, if I am Rh negative, I do r	not wish to have an injection.	
•	patient appointment at the practice approximately 2 week	rs
Place, dateSignature of	·	es (
Place, dateSignature of  I hereby confirm that I will attend a follow-up a after the treatment.	·	es (
Place, dateSignature of  I hereby confirm that I will attend a follow-up a after the treatment.  Vienna  Place, dateSignature of  I hereby confirm that the doctor Dr Peter Frühdiscussion with me. Furthermore, I confirm that information and the declaration of consent and	patient  mann has conducted an informed consent it I have read and understood this patient that I have no further questions.	es C
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 ${\bf Although\ Mifegyne\ is\ generally\ well\ tolerated,\ side\ effects\ can\ occur\ in\ rare\ cases.\ The\ most}$