UNM MedicalGroup, Inc.

University of New Mexico Physicians

PHYSICIAN CERTIFICATION OF MEDICAL NECESSITY FOR PREGNANCY TERMINATION

PATIENT NAME: _____

Medical or SALUD! Identification Number: _____

After reviewing the patient chart and consulting with the patient, as the treating physician, I certify that, in my best medical judgment, pregnancy termination is medically necessary for this patient for the following reason(s):

_____ To save the life of the mother

_____ The pregnancy is a result of rape or incest

_____ To terminate an ectopic pregnancy

_____ The pregnancy aggravates a pre-existing condition

_____ The pregnancy makes treatment of a condition impossible

_____ The pregnancy interferes with or hampers a diagnosis

_____ The pregnancy has a profound negative impact upon the physical or mental health of an individual

Physician's Number: _____

Physician's Name: _____

Physician's Signature: _____

Date: _____

Time: _____

PATIENT LABEL