UNM MEDICAL GROUP, 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 judgement, 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 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