

Germantown Reproductive Health Services
13233 Executive Park Terrace Germantown, MD 20874 Ph. 301-353-9200

PRIMARY CARE PROVIDER FOLLOW-UP FORM

To whom it may concern,

A mutual patient was seen in our office for a therapeutic abortion. The patient has requested a follow-up appointment with her primary care physician and/or clinic closer to her home.

Please complete the following and return to:
Germantown Reproductive Health Services
13233 Executive Park Terrace, Germantown MD 20874

Patient Name: _____ DOB: _____

A follow-up examination was completed on ____/____/____.

Vital signs: Temp _____ Pulse _____ Resp _____ Blood Pressure ____/____

Urine HCG (Non-Sensitive) test result was _____. Please note that after termination, sensitive pregnancy tests may remain positive for up to six weeks in spite of a successful termination.

Patient has noted the following medical or emotional problems since her abortion. Patient has noted the following problems with her chosen form of birth control since her abortion.

Provider's Signature _____ Date _____