

Re: _____
(patient's full name)

(patient's DOB)

Dear Illinois Abortion Provider:

This letter certifies that I or my agent has given notice to an adult family member of the patient listed above that she intends to have an abortion in Illinois.

Notice was provided by:

_____ me

_____ my agent: _____
(name and title of agent)

Notice was provided in the following manner:

_____ in person

_____ by phone

_____ in writing

Notice was provided on this date: _____ and time: _____

The person who received notice is related to the patient listed above as her:

_____ parent

_____ grandparent

_____ step-parent and living in her home

_____ legal guardian

Sincerely,

Signature of referring physician

Printed name of referring physician

Date