

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 over 21 years of age and is related to the patient listed above as her:

_____ parent
_____ grandparent
_____ step-parent living in her home
_____ legal guardian

Sincerely,

Signature of referring physician

Printed name of referring physician

Date