

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Sonogram and Abortion Election Form

The information and printed materials described by Section 171.012(a)(1)–(3), Texas Health and Safety Code, have been provided and explained to me. I understand the nature and consequences of an abortion.

_____ By initialing here, I certify that I am making this decision/election of my own free will and without coercion.

Texas Law requires that I receive a sonogram prior to receiving an abortion. I understand that I have the option to decline to view the printed materials. I understand that I have the option to decline to view the sonogram images. I understand that I have the option to decline to hear the heartbeat. I understand that I am required by law to hear an explanation of the sonogram images unless I certify in writing to one of the following:

Initial

_____ I am pregnant as a result of a sexual assault, incest, or other violation of the Texas Penal Code that has been reported to law enforcement authorities or that has not been reported because I reasonably believe that doing so would put me at risk of retaliation resulting in serious bodily injury.

_____ I am a minor and obtaining an abortion in accordance with judicial bypass procedures under Chapter 33, Texas Family Code.

_____ My fetus has an irreversible medical condition or abnormality, as identified by reliable diagnostic procedures and documented in my medical file.

For a woman who lives 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period ONLY:

I certify that, because I currently live 100 miles or more from the nearest abortion provider that is a facility licensed under Chapter 245 or a facility that performs more than 50 abortions in any 12-month period, I waive the requirement to wait 24 hours after the sonogram is performed before receiving the abortion procedure and understand that I must wait at least 2 hours after the sonogram is performed before the abortion procedure.

My place of residence is: _____

Signature

Date