LOUISIANA DEPARTMENT OF HEALTH
Public Health

ADMINISTRATIVE

For Vital Records Use Only

Date Received: __ / __ / ____

ITOP SFN:

Individual Complication Report for Post-Abortion Care

This form is created, distributed, and completed pursuant to L.R.S. 40:1061.21.(B)

Date of Termination | **Patient Identification Number (if known)**

Facility where Abortion Occurred

Facility

Address

City | State | Zip Code

Nature of Abortion Complication Diagnosed or Treated

Facility where Post-Abortion Care Occurred

Facility

Address

City | State | Zip Code

After completing, print and mail to:
Vital Records Registry
P.O. Box 60630
New Orleans, LA 70160

Rev 3/2018