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# IMPORTANT!

## PLEASE READ

Kansas law requires the attached 24-hour consent form to be **COMPLETED IN FULL at least 24 hours prior to arriving for your appointment.** There are very specific guidelines necessary to follow to ensure the consent form is considered valid under this law.

Please follow the below steps *closely*:

1. Print the consent form on WHITE PAPER and do not change the font or font size.
2. The form must be printed in BLACK INK.
3. Read and INITIAL EACH SECTION.
4. SIGN YOUR NAME on the last page of the consent form. Electronic signatures cannot be accepted.
5. If you are a *minor* (under the age of 18), A PARENT MUST ALSO BOTH INITIAL AND SIGN the consent form.
6. WRITE THE TIME that you signed the consent form INCLUDING CIRCLING "AM" OR "PM".
7. Bring the completed form with you to your appointment. *It is important to bring all pages of the consent, not just the signature page.* DO NOT MAIL THIS FORM.

**ALL OF THE ABOVE STEPS NEED TO BE COMPLETED FOR THE CONSENT FORM TO BE CONSIDERED VALID.** If even one portion is not completed as per these instructions **OR** if the consent form is not completed *at least 24 hours prior to your appointment* **YOUR PROCEDURE WILL NEED TO BE CANCELLED AND RESCHEDULED.**

**PAYMENT USING A CREDIT CARD IN SOMEONE ELSE'S NAME:** Please note that for abortion procedures, Kansas law also requires that the individual whose name is on the card is present at the appointment and shows valid photo identification. If the person is not present or does not have photo ID, *your procedure will need to be rescheduled.*

We are here to provide the most seamless and quality healthcare possible and want to avoid any situations in which rescheduling your appointment would be necessary.

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## Kansas 24 Hour Informed Consent

To comply with Kansas Law effective July 1, 1998 (amended July 1, 2009; July 1, 2011; July 1, 2013; July 1, 2017), you must *receive and complete* this Informed Consent *at least 24 hours prior to your procedure*. The State-written materials referenced within this form are available to you online and at Comprehensive Health of Planned Parenthood Great Plains (CHPPGP).

\_\_\_/\_\_\_ 1. Estimated Gestation of Pregnancy: Until you have a sonogram to determine how far along the pregnancy is, the best way to estimate the gestation is by the date of your last normal menstrual period.

If you believe your last normal menstrual period started:	Then you are probably about:	If you believe your last normal menstrual period started:	Then you are probably about:
4 weeks ago	4 weeks pregnant	14 weeks ago	14 weeks pregnant
5 weeks ago	5 weeks pregnant	15 weeks ago	15 weeks pregnant
6 weeks ago	6 weeks pregnant	16 weeks ago	16 weeks pregnant
7 weeks ago	7 weeks pregnant	17 weeks ago	17 weeks pregnant
8 weeks ago	8 weeks pregnant	18 weeks ago	18 weeks pregnant
9 weeks ago	9 weeks pregnant	19 weeks ago	19 weeks pregnant
10 weeks ago	10 weeks pregnant	20 weeks ago	20 weeks pregnant
11 weeks ago	11 weeks pregnant	21 weeks ago	21 weeks pregnant
12 weeks ago	12 weeks pregnant	22 weeks ago	22 weeks pregnant
13 weeks ago	13 weeks pregnant		

**The final determination of gestation of the pregnancy will be made by the CHPPGP doctor upon ultrasound examination.** If you are between 4 - 13 weeks, the common procedure is Vacuum Aspiration. Medication Abortion is available for pregnancy termination between 4 - 11 weeks. If you are between 14 - 21.6 weeks, the most common procedure is Dilation and Evacuation.

\_\_\_/\_\_\_ 2. Types of Abortion Procedures:

**First Trimester (4-13 weeks) Vacuum Aspiration** – This abortion procedure begins with a local anesthetic given to numb the cervix. The cervix is then widened using dilators, which are tapered rods that gradually increase in size. The physician inserts a small tube (cannula), which is attached to an aspiration device. The device's suction empties the contents of the uterus through the tube. The physician may check the

walls of the uterus with a curette. The entire procedure takes less than 10 minutes. Sensations will vary, but they are mostly described as cramping or discomfort, which generally subsides within a few minutes after the procedure is over.

Early Nonsurgical/Medication Abortion (4-11 weeks or up to 77 days) – Medication abortion will be provided either through a two-drug protocol or a one-drug protocol. You will receive more information about which method is available during your visit.

- **Two-drug protocol:** While in the clinic, a drug, Mifepristone, is given to stop the development of the pregnancy. One to two days later, a second drug (Misoprostol) is taken, causing the uterus to contract and expel the embryo and placenta. During this process cramping and bleeding will occur.
- **One-drug protocol:** While in the clinic, a first dose of the drug (Misoprostol) will be given, which causes the uterus to contract and expel the embryo and placenta. This will be followed by additional doses of Misoprostol, spaced three hours apart. During this process cramping and bleeding will occur.

Second Trimester (14-21.6 weeks) Dilation and Evacuation – During the initial appointment, the osmotic dilators are inserted into the patient's cervix to begin the process of slow and gentle dilation of the cervix. The abortion procedure occurs several hours later, or in some cases one or two days later and involves removal of the pregnancy with forceps. A suction instrument is used to clean the uterus, and a curette is used to check the uterine walls. Patients are then monitored in recovery for at least 2 hours following the procedure.

Complications of Abortion – Possible complications include: blood clots accumulating in the uterus, requiring another suction procedure; infections, most of which are easily identified and treated if the woman carefully observes follow-up instructions; a tear in the cervix, which may be repaired with stitches; perforation of the wall of the uterus and/or other organs, which may heal themselves or may require surgical repair or, rarely, hysterectomy; and abortion that is not complete or that does not end the pregnancy may require the procedure to be repeated; excessive bleeding due to failure of the uterus to contract, which may require a blood transfusion; death. In the second trimester, risks increase with every week of gestation.

/\_\_\_\_\_3. Risks with terminating a pregnancy vs. carrying a pregnancy to term: There is approximately 1 death for every 167,000 women who have legal abortions, and these rare deaths are usually of adverse reactions to anesthesia, heart attacks, or uncontrollable bleeding. The death rate for a woman carrying to term is about 10 times greater.

/\_\_\_\_\_4. Your blood type will be determined the day of your appointment. Approximately 15% of the population is Rh-negative. All Rh-negative women will receive an injection of Rhogam to prevent problems with future pregnancies such as miscarriage, severe fetal anemia or permanent fetal damage. There is no extra cost for a Rhogam injection.

\_\_\_\_/\_\_\_\_5. State-written materials are available in printed form and online which list agencies which offer alternatives to abortion with a special section listing adoption services and providers of free ultrasound services, provide detailed information on the availability of assistance for prenatal care, childbirth, perinatal, and neonatal care, and contain additional State-mandated information. A link to the State written materials is available on the CHPPGP homepage, as required by law. The information stated there does not necessarily reflect current medical opinion or that of CHPPGP.

\_\_\_\_/\_\_\_\_6. Alternatives to abortion include parenting, foster care and adoption. For information about perinatal resources in Kansas, visit <http://www.kansaswomensrighttoknow.org/> or contact the Kansas Department of Health and Environment's Perinatal Health Consultant at (785) 296-1307. For information about national perinatal resources, visit the National Perinatal Association at [www.nationalperinatal.org](http://www.nationalperinatal.org) and Bright Futures at [www.brightfutures.org](http://www.brightfutures.org).

\_\_\_\_/\_\_\_\_/\_\_\_\_7. You are free to withhold or withdraw your consent to the abortion procedure at any time prior to the dilation of the cervix during a surgical abortion or at any time prior to the administration of the first medication during a nonsurgical abortion. Consent may be withheld or withdrawn without affecting your right to future care or treatment and without the loss of any state or federally funded benefits to which you might otherwise be entitled.

/\_\_\_\_/\_\_\_\_8. Provider information by CHPPGP location is below. The United States Supreme Court recently struck down a Texas law requiring doctors providing abortion to have admitting privileges at a hospital within 30 miles, concluding there was no evidence it advanced women's health and that abortion is a safe procedure with low rates of serious complications.

<p>Physician's Name: Orrin Moore, M.D.  Year M.D. Completed: 1976  Date physician's employment commenced at CHPPGP: 7/6/2004  Kansas State Board of Healing Arts  Disciplinary Actions concerning Physician:  NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Kansas City, KS: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>• Menorah Medical Center (original approval date 09/25/2005)</li> <li>• Overland Park Regional Medical Center (original approval date 10/26/2005)</li> </ul> Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Overland Park, KS: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <li>• Menorah Medical Center (original approval date 09/25/2005)</li> <li>• Overland Park Regional Medical Center (original approval date 10/26/2005)</li> </ul> Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>	<p>Physician's Name: Irene Bettinger, MD.  Year M.D. Completed: 1966  Date physician's employment commenced at CHPPGP: 03/01/2017  Kansas State Board of Healing Arts Disciplinary  Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of  CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
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<p>Physician's Name: Iman Alsaden, M.D.  Year M.D. Completed: 2014  Date physician's employment commenced at CHPPGP: 01/10/2019  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES ✓  Clinical privileges at hospital within thirty miles of CHPPGP health center location: Kansas City, KS: NO <input type="checkbox"/> YES ✓  <ul style="list-style-type: none"> <li>Menorah Medical Center (original approval date 07/15/2020)</li> </ul> Wichita, KS: NO ✓ YES <input type="checkbox"/>  Overland Park, KS: NO <input type="checkbox"/> YES ✓  <ul style="list-style-type: none"> <li>Menorah Medical Center (original approval date 07/15/2020)</li> </ul> Hospital privileges lost: NO ✓ YES <input type="checkbox"/>  Resident of Kansas: NO ✓ YES <input type="checkbox"/></p>	<p>Physician's Name: Jennifer Frost, M.D.  Year M.D. Completed: 1997  Date physician's employment commenced at CHPPGP: 04/24/2023  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES ✓  Clinical privileges at hospital within thirty miles of CHPPGP health center location: Kansas City, KS: NO ✓ YES <input type="checkbox"/>  Wichita, KS: NO ✓ YES <input type="checkbox"/>  Overland Park, KS: NO ✓ YES <input type="checkbox"/>  Hospital privileges lost: NO ✓ YES <input type="checkbox"/>  Resident of Kansas: NO ✓ YES <input type="checkbox"/></p>
<p>Physician's Name: Joshua Yap, M.D.  Year M.D. Completed: 2019  Date physician's employment commenced at CHPPGP: 8/26/19  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES ✓  Clinical privileges at hospital within thirty miles of CHPPGP health center location: Overland Park, KS: NO ✓ YES <input type="checkbox"/>  Kansas City, KS: NO ✓ YES <input type="checkbox"/>  Wichita, KS: NO ✓ YES <input type="checkbox"/>  Hospital privileges lost: NO ✓ YES <input type="checkbox"/>  Resident of Kansas: NO ✓ YES <input type="checkbox"/></p>	<p>Physician's Name: Hayley Marcus, M.D.  Year M.D. Completed: 2014  Date physician's employment commenced at CHPPGP: 05/11/2020  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO ✓ YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES ✓  Clinical privileges at hospital within thirty miles of CHPPGP health center location: Overland Park, KS: NO ✓ YES <input type="checkbox"/>  Kansas City, KS: NO ✓ YES <input type="checkbox"/>  Wichita, KS: NO ✓ YES <input type="checkbox"/>  Hospital privileges lost: NO ✓ YES <input type="checkbox"/>  Resident of Kansas: NO ✓ YES <input type="checkbox"/></p>

<p>Physician's Name: Mansi Shah, M.D.  Year M.D. Completed: 2016  Date physician's employment commenced at CHPPGP: 12/28/2020  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Autumn Davidson, MD  Year M.D. Completed: 2008  Date physician's employment commenced at CHPPGP: 8/20/2020  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Sarah Spurgeon, M.D.  Year M.D. Completed: 2018  Date physician's employment commenced at CHPPGP: 12/2/2021  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Lisa Netherland, M.D.  Year M.D. Completed: 2013  Date physician's employment commenced at CHPPGP: 01/11/2022  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Ruth Lehman- Wiens, M.D.  Year M.D. Completed: 2017  Date physician's employment commenced at CHPPGP: 01/11/20201  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>	<p>Physician's Name: Rebecca Commito, M.D.  Year M.D. Completed: 2017  Date physician's employment commenced at CHPPGP: 03/17/2021  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>

<p>Physician's Name: Aurelie Cabou, M.D.  Year M.D. Completed: 2007  Date physician's employment commenced at CHPPGP: 07/19/2022  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Mae-Lan Winchester, M.D.  Year M.D. Completed: 2018  Date physician's employment commenced at CHPPGP: 07/13/2022  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>
<p>Physician's Name: Selina Sandoval, M.D.  Year M.D. Completed: 2022  Date physician's employment commenced at CHPPGP: 09/28/2022  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Cari Brown, M.D.  Year M.D. Completed: 2011  Date physician's employment commenced at CHPPGP: 08/04/2022  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
<p>Physician's Name: Carlie Field, M.D.  Year M.D. Completed: 2015  Date physician's employment commenced at CHPPGP: 09/23/2022  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>	<p>Physician's Name: Ghazaleh Moayed, DO  Year D.O. Completed: 2012  Date physician's employment commenced at CHPPGP: 09/10/2021  Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>  Clinical privileges at hospital within thirty miles of CHPPGP health center location:  Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>  Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>

Physician's Name: Nicole Araneta, M.D. Year M.D. Completed: 2014 Date physician's employment commenced at CHPPGP: 09/02/2021 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Clinical privileges at hospital within thirty miles of CHPPGP health center location: Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Resident of Kansas: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	Physician's Name: Dominic Cancino, M.D. Year M.D. Completed: 2022 Date physician's employment commenced at CHPPGP: 08/12/2023 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Clinical privileges at hospital within thirty miles of CHPPGP health center location: Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>
Physician's Name: Leslie Dunmire, M.D. Year M.D. Completed: 2020 Date physician's employment commenced at CHPPGP: 06/19/2023 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Clinical privileges at hospital within thirty miles of CHPPGP health center location: Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	Physician's Name: Stephanie Pham, M.D. Year M.D. Completed: 2022 Date physician's employment commenced at CHPPGP: 07/06/2023 Kansas State Board of Healing Arts Disciplinary Actions concerning Physician: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Malpractice insurance: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Clinical privileges at hospital within thirty miles of CHPPGP health center location: Overland Park, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Kansas City, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Wichita, KS: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Hospital privileges lost: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Resident of Kansas: NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. I received this information at least twenty-four (24) hours prior to my procedure.

Complete the following: (must be at least 24 hours prior to your procedure)

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **am / pm (MUST CIRCLE ONE)**

**Patient Signature:** \_\_\_\_\_

**Signature of Person Authorized to Sign for Minor:**

\_\_\_\_\_

**Relationship to Patient:**       parent                       legal guardian

(Print this document on WHITE PAPER and DO NOT CHANGE FONT SIZE)