STATE OF WYOMING  
DEPARTMENT OF HEALTH  
Report of Induced Termination of Pregnancy (ITOP)  

<table>
<thead>
<tr>
<th>1. AGE OF PATIENT</th>
<th>2. DATE OF TERMINATION (Day, Month, Year)</th>
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<tr>
<th>3. FACILITY TYPE (Office, Hospital, or Clinic)</th>
<th>4. RESIDENCE STATE/COUNTY</th>
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<tr>
<th>5. RACE (American Indian, Black, White, etc)</th>
<th>6. OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)</th>
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<tbody>
<tr>
<td></td>
<td>☐ NO ☐ YES Specify__________________________________________</td>
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7. PREVIOUS PREGNANCIES (Complete each section)  

<table>
<thead>
<tr>
<th>LIVE BIRTHS</th>
<th>OTHER TERMINATIONS</th>
</tr>
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</table>

7a. Now Living  
Number _____  
None ☐

7b. Now Deceased  
Number _____  
None ☐

7c. Spontaneous  
Number _____  
None ☐

7d. Induced  
(Do not include this termination)  
Number _____  
None ☐

8. PROCEDURE THAT TERMINATED PREGNANCY  
(Check only one)  
☐ Suction Curettage  
☐ Medical (Nonsurgical) Specify Medication(s)___________________  
☐ Dilation and Evacuation (D&E)  
☐ Intra-Uterine Instillation (Saline or Prostaglandin)  
☐ Sharp Curettage (D&C)  
☐ Hysterotomy / Hysterectomy  
☐ Other (Specify)___________________________________________  

9. COMPLICATIONS OF PREGNANCY TERMINATION  
(Check all that apply)  
☐ None  
☐ Hemorrhage  
☐ Infection  
☐ Uterine Perforation  
☐ Cervical Laceration  
☐ Retained Products  
☐ Other (Specify)__________________________________________  

10. WEIGHT OF FETUS IN GRAMS:_______________  
10a. LENGTH OF FETUS IN CMS:_______________  

11. PHYSICIAN'S ESTIMATE OF GESTATION (Weeks)  

State of Wyoming Health Officer, C/O, Vital Statistics Services, 2300 Capitol Ave., Hathaway Building, Cheyenne, WY 82002, Phone (307) 777-7264