

LITTLE ROCK FAMILY PLANNING
(501) 225-3836
PREPARING FOR YOUR APPOINTMENT

APPOINTMENT DATE: _____ TIME: _____

YOU ARE APPROXIMATELY _____ WEEKS
(THIS WILL BE CONFIRMED BY ULTRASOUND)

YOUR PROCEDURE SHOULD COST:

_____ (THIS IS ONLY AN ESTIMATE BASED ON
YOUR LAST PERIOD. YOUR ACTUAL PRICE WILL BE
DETERMINED BY ULTRASOUND)

BRING:
PAYMENT

CASH, VISA, OR MASTERCARD
*** IF YOU ARE USING A CREDIT CARD THE
CARDHOLDER MUST COME IN THE CLINIC WITH
A PHOTO ID

PHOTO IDENTIFICATION-

◆ IF YOU ARE 18 YEARS OR OLDER-] YOUR
STATE OR GOVERNMENT ISSUED PHOTO ID
THIS CAN BE A DRIVERS LICENSE, PASSPORT,
OR MILITARY ID

◆ IF YOU ARE UNDER 18 YEARS OF AGE:
* BRING YOUR PARENT WITH THEIR PHOTO ID,
YOUR BIRTH CERTIFICATE, & YOUR
STATE/GOVERNMENT ISSUED ID

* *IF YOU ARE SEEKING A JUDICIAL BYPASS YOU
WILL ONLY NEED YOUR PHOTO ID.*

*****IF YOUR APPOINTMENT IS BEFORE 11 A.M.:
HAVE NOTHING TO EAT OR DRINK AFTER MIDNIGHT
THE NIGHT BEFORE YOUR APPOINTMENT.

*****IF YOUR APPOINTMENT IS 11 A.M. OR AFTER:
HAVE NOTHING TO EAT AFTER MIDNIGHT THE
NIGHT BEFORE YOUR APPOINTMENT AND ONLY
CLEAR LIQUIDS (*WATER, SPRITE OR JUICE*) UNTIL 8
A.M.

*****EXPECT TO BE IN THE CLINIC ANYWHERE
FROM 2 TO 4 HOURS

*****WEAR COMFORTABLE CLOTHING &
UNDERWEAR THAT CAN SUPPORT A MAXI PAD

*****AFTER YOUR PROCEDURE YOU WILL NEED
MAXI PADS & IBUPROFEN (*OR MOTRIN.*)

******SEDATION PATIENTS:* ALL POLISH, ACRYLIC OR
OVERLAY MUST BE REMOVED FROM THE MIDDLE
FINGER OF YOUR RIGHT HAND.

****FOR ASSISTANCE PAYING FOR YOUR ABORTION
CALL THE NATIONAL ABORTION FEDERATION. IF
YOU QUALIFY THEY MAY HELP: 1-800-772-9100

CONFIRMATION NUMBER: _____
**THIS IS FOR CONFIDENTIALITY. IF YOU NEED
TO CALL ABOUT YOUR APPOINTMENT YOU
MUST HAVE THIS.**

FOR ADDITIONAL INFO SEE OUR WEBSITE www.lrfps.com
FOR STATE PROVIDED INFO ABOUT ABORTION PLEASE SEE
www.healtharkansas.com & search for "Abortion: Making a Decision"