

LITTLE ROCK FAMILY PLANNING

4 Office Park Drive * Little Rock, Arkansas 72211

(501) 225-3836 * 1-800-272-2183

FOR ADDITIONAL INFO SEE OUR WEBSITE www.lrfps.com

PREPARING FOR YOUR APPOINTMENT

Appointment Date: _____ Time: _____

Based on Ultrasound you will be _____ Weeks

The payment of _____ will be due on the day of your appointment (This will only change if you need to reschedule and the number of weeks increases)

Next Price Range _____

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

❖ **PAYMENT:** CASH, VISA, MASTERCARD, & DISCOVER
*** IF YOU ARE USING A CREDIT CARD THE CARDHOLDER MUST COME IN THE CLINIC WITH A PHOTO ID

❖ **BIRTH CONTROL OPTIONS**
BIRTH CONTROL PILLS \$30 FOR 3 MONTH SUPPLY
DEPO PROVERA INJECTION \$60
WE CAN PRESCRIBE OTHER PILLS OR THE NUVA RING THAT YOU CAN FILL AT YOUR PHARMACY
LONG ACTING CONTRACEPTION ALSO AVAILABLE. ASK ABOUT OPTIONS IF YOU ARE NOT INSURED.

TESTING FOR CHLAMYDIA AND GONORREHA AT THE TIME OF THE PROCEDURE IS \$25

PLEASE TELL THE CASHIER WHEN YOU PAY FOR YOUR PROCEDURE IF YOU WOULD LIKE TO PAY FOR BIRTH CONTROL PILLS OR INJECTION OR STD TESTING

❖ **PHOTO IDENTIFICATION-** ANYONE ENTERING OUR BUILDING WILL NEED A PHOTO ID

❖ EXPECT TO BE IN THE CLINIC FOR UP TO 4 HOURS, SOMETIMES LONGER ON VERY BUSY DAYS

*****THE MORNING OF YOUR APPOINTMENT YOU MAY HAVE A LIGHT BREAKFAST (SUCH AS DRY TOAST OR CRACKERS ONLY!) AND CLEAR LIQUIDS (WATER, SPRITE, APPLE JUICE) IF IT IS ONE HOUR OR MORE BEFORE YOUR SCHEDULED APPOINTMENT TIME.

*****WEAR COMFORTABLE CLOTHING & UNDERWEAR THAT CAN SUPPORT A MAXI PAD AND YOU WILL NEED MAXI PADS & IBUPROFEN (OR MOTRIN) FOR AFTER

*******SEDATION PATIENTS:**

YOU MUST BRING A DRIVER AND THEY MUST CHECK INTO THE FRONT OFFICE WITH ID AND TELEPHONE NUMBER UPON ARRIVAL.
IF YOU ARE SEDATED YOU MAY NOT TAKE A TAXI CAB ALONE.

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

*******2 DAY PROCEDURE PATIENTS :** IF YOU LIVE MORE THAN 30 MINUTES FROM THE CLINIC YOU WILL NEED TO PLAN ON STAYING IN TOWN AT YOUR OWN EXPENSE (HOTEL REFERRAL SHEET ATTACHED).
YOU WILL NEED A DRIVER FOR BOTH DAYS OF THE PROCEDURE

CONFIRMATION NUMBER: _____

THIS IS FOR CONFIDENTIALITY. IF YOU NEED TO CALL ABOUT YOUR APPOINTMENT YOU MUST HAVE THIS AND THIS IS DIFFERENT THAN THE PASSWORD YOU WERE GIVEN ON THE PHONE.

NO FOOD DRINK OR CHILDREN ALLOWED ON THE PROPERTY!!!

NO PURSES OR CELL PHONES ALLOWED INSIDE THE BUILDING!!!

FOR STATE PROVIDED INFO ABOUT ABORTION PLEASE SEE www.healthy.arkansas.gov & search for "Abortion: Making a Decision"