

STATE_FILE_NUMBER		TERMINATION_LOCATION		POT_CITY	Begin State File Number 003581		PATIENT_AGE	MARRIED
003581		RILEY HEALTH MATERNITY TOWER 702 BARNHILL DRIVE INDIANAPOLIS INDIANA 46202		Indianapolis	POT_COUNTY	019		Unmarried
DATE_OF_TERM		EDUCATION		SEX_OF_FETUS	MULTIFETAL_PREG	RACE		HISPANIC
20230622	High School graduate or GED completed	Male	1	Black or African American	No, not Spanish/Hispanic/Latino	INDUCED_TERMINATIONS		
REASON_FOR_ABORTION	REASON_FOR_ABORTION_CODE	LIVE_BIRTHS_LIVING	LIVE_BIRTHS_DECEASED	SPONTANEOUS_TERMINATIONS				
Lethal Fetal Anomaly	035.00X0	None	None	None				
PREV_TERM_YEARS	FETUS_BORN_ALIVE	FETUS_SURVIVAL_TIME	FETUS_VIABLE	MEDICAL_REASON	PATHOLOGICAL_EXAM			
	Yes	6 hours and 3 min			Yes			
PATHOLOGICAL_EXAM_RESULTS	PREEXISTING_MEDICAL_CONDITIONS	COMPLICATIONS	COMPLICATIONS_OTHER	MATERNAL_DEATH	PRIMARY_PROCEDURES			
pending					(Nonsurgical) Mifepristone, (Nonsurgical)			
PRIMARY_PROCEDURES_OTHER	PRIM_INSTRUCTIONS_PROVIDED	PRIM_PAT_SIGNED	PRIM_POST_FERT_20_PLUS	No	Misoprostol			
	Yes.	Yes.	No	PRIM_BEST_OPPOR_SURVIVE	PRIM_FETUS_VIABLE_AVERT			
SECOND_DOC_IF_APPL	ADDITIONAL_PROCEDURES	ADDITIONAL_PROCEDURES_OTHER	ADDITIONAL_INSTRUCTIONS_PROVIDED	ADD_PAT_SIGNED	ADD_POST_FERT_20_PLUS			
ADD_BEST_OPPOR_SURVIVE	ADD_FETUS_VIABLE_AVERT	LAST_MENSES_DATE	ESTIMATED_GESTATION_WEEKS	POST_FERTILIZATION_WEEKS	HOW_DETERMINED			
		20230128	20	18	LMP			
HOW_DETERMINED_OTHER	CONSENT_WAIVER	NOTIFICATION_WAIVER	FETAL_ABNORMALITY	CONGENITAL_ANOMALY	DIAGNOSIS_CONFIRMED			
	No	No	Yes	No	Unknown			
PRENATAL_DIAGNOSTIC	TERM_AS_RESULT_OF	PHYSICIAN	PHYSICIAN_ADDRESS	FATHER_AGE	APPROX_FATHER_AGE			
	None	MORGAN, SARAH ELIZABETH	550 N UNIVERSITY BOULEVARD # 2440		019			
DCS_REPORT_DATE	DATE_RECEIVED_IDOH	TP_FORM_MAP_NUMBER	INDIANAPOLIS INDIANA 46202					
	20230627	03						
End State File Number 003581								