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The consent form and emergency abortion form are contained in the Abortion or Reproductive Health Centers Rules as Appendix A & B. They may be downloaded from our web site at <http://www.alabamapublichealth.gov> (Select Health Provider Services then Select Forms) and reproduced.

Name & Telephone Number of Individual Placing Order

Date of Request

Mail the completed form to:

**Alabama Department of Public Health
Division of Provider Services
P.O. Box 303017
Montgomery, AL 36130-3017**

(Please allow three weeks for processing)