

**MEADOWBROOK WOMEN'S CLINIC, P.A.**

825 South 8<sup>th</sup> Street • Suite 1018 • Minneapolis, MN 55404 • (612) 376-7708

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**PARENTAL NOTIFICATION STATEMENT**

I, \_\_\_\_\_, am aware that my daughter \_\_\_\_\_  
(printed biological mother's name) (printed patient's name)

is having an abortion at MEADOWBROOK WOMEN'S CLINIC, P.A.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(signature of biological mother)

\_\_\_\_\_  
(notary stamp)

\_\_\_\_\_  
(notary signature)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_, am aware that my daughter \_\_\_\_\_  
(printed biological father's name) (printed patient's name)

is having an abortion at MEADOWBROOK WOMEN'S CLINIC, P.A.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(signature of biological mother)

\_\_\_\_\_  
(notary stamp)

\_\_\_\_\_  
(notary signature)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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**M.L. Tanz, M.D., Medical Director – F.H. Kravitz, M.D. – M.J. Frisch, M.D.**

**www.meadowbrookclinic.com**