| Transport Date | Procedure | Gestational Period | Transport Reason |
|---|---|---|---|
| 02/13/14 | | | Extreme Uterine Bleeding |
| 03/04/14 | | | Anaplaxia |
| 03/27/14 | | | Uncontrolled Bleeding |
| 08/26/14 | | 36 weeks | Bleeding |
| 12/19/14 | | 18 weeks | Bleeding |
| 02/06/15 | D& E | 24.5 weeks | Perforation |
| 05/07/15 | | 17 weeks | Persistent Bleeding |
| 05/25/15 | D&E | 24 weeks | Excessive bleeding |
| 06/11/15 | D&E | 19 weeks | Bleeding |
| 10/06/15 | | 17 week | Suspected perforation |
| 04/12/16 | Induction | 20 weeks | Bleeding |
| 09/09/16 | Induction | 25 weeks | Illegible |
| 10/31/16 | Induction | 30+ weeks | Uterine bleeding |
| 05/15/17 | Induction | 25 weeks | Bleeding |
| Illegible | Induction | 27 weeks | Hemmorage |
| Illegible | D&E | 22 weeks | Illegible |
| 10/9/18 | Induction | 29 weeks | r/o infection |
| | | | |
| | | | |

# Exhibit 9

[redacted] [redacted]

# Transport Information 3/9/14

**To be given to dispatcher in the event of patient transport**

## 1. Information Needed

Pt. Insurance: _____

- Female
- Age
- Procedure
- Why Transporting Anaphylaxis

***What to say on phone*:**
[illegible] year old female, status post-abortion, who is [illegible] (eg. bleeding heavily; uncontrolled blood pressure; [illegible])."

## 2. Information Needed

- **Vital Signs: BP** 96 **P** 64
  **Temp** **$O_2$**
- **Stable/ Not Stable**
- **Awake/Alert – yes or no**
- **Breathing normally & on her own – yes or no**

***What to say on phone*:**
"Her vital signs are [illegible] (stable/not stable); she is [illegible] (awake/not awake; alert/not alert). She is breathing [illegible] (normally & on her own; [illegible] not breathing on her own)."

* * * \

[redacted] E[redacted]
11/26/1993
[redacted]

Transport Form

Age __ # of Weeks __

Gravida __ Para __

Type of Procedure. Vacuum aspiration/D&E/Induction/MIFE

Insurance _____

1/12/13

HCT 10.2 RH POS Allergies NKDA

Smoke/ Y/N 5-6 cigarettes ETOH /drug use. Y/N

Major Medical conditions none reported

Prior Surgeries none reported

Transport Call:

Please give form to manager or delegate making the transport call.

Time of call 1051

(You say): I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM/Pres** (insurance dependent). She is a 22 year old female, status undergoing a _____ week abortion. She needs to be transported to the hospital because of bleeding. Her abortion is **complete/incomplete**. Her current status is stable

Her vitals are BP 123/81 Pulse 61 O2 Sat 99 Temp 97.9

Resp 14

[redacted]

RM
4/04

[illegible]

# Transport Form

Date: 10-31-10

Age: 19 Weeks pregnant: 30+ Gravida: 1 Para: 0

Type of Procedure: ☒ Vacuum Aspiration ☒ D & E
☒ Medication abortion ☒ Induction

[redacted] D[redacted]
11/28/1996
[redacted]

Insurance: self pay

Hgb: 11.6 Rh: Pos

Allergies: ☒ NKDA

Tobacco use: ☒ Yes ☒ No ETOH/ drug use: ☒ Yes ☒ No

Major medical conditions: no major med. conditions

Prior Surgeries: 10/25/10 oral surgery

Transport call:

Please give this form to the clinic manager or delegate to make the transport call.

Time of call: 1027

You say: I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM / Presbyterian** Hospital (insurance dependent). She is a 19 year old female, status undergoing a P 30 week abortion. She needs to be transported to the hospital because of uterine bleed. Her abortion is **complete / incomplete**. Her current status is stable.

Her vitals are: BP: _____ Pulse: _____ O2: _____
nl Temp: _____ Resp: _____

Notes: _____

M[redacted], [redacted]
4/21/1[illegible]97
M[redacted]

**Transport Form**

Date: 5/2/17

Age: 20 Weeks pregnant: 25 Gravida: 1 Para: 0

Type of Procedure: ☐ Vacuum Aspiration ☐ D & E
☐ Medication abortion ☒ Induction

Insurance: Medicaid

Hgb: 9.4 Rh: O+

Allergies: ☒ NKDA

Tobacco use: ☒ Yes ☐ No ETOH/ drug use: ☐ Yes ☒ No

Major medical conditions: Asthma

Prior Surgeries: None Reported

**Transport call:**

Please give this form to the clinic manager or delegate to make the transport call.

Time of call: 1345 5/2/17

You say: I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM / Presbyterian** Hospital (insurance dependent). She is a _____ year old female, status undergoing a _____ week abortion. She needs to be transported to the hospital because of _____. Her abortion is **complete / incomplete**. Her current status is _____.

Her vitals are: BP: _____ Pulse: _____ $O_2$: _____
Temp: _____ Resp: _____

Notes: _____

3/27/14

[redacted], [redacted]

4/22/87

# Transport Information

**To be given to dispatcher in the event of patient transport**

## 1. Information Needed

Pt. Insurance Holding Cont.

- **Female**
- **Age** 26
- **Procedure**
- **Why Transporting** uncontrolled bleeding

***What to say on phone*:**
"I'm calling about a 26 year old female, status post-abortion, who is bleeding heavily (eg., bleeding heavily; uncontrolled blood pressure; ...)."

## 2. Information Needed

- **Vital Signs: BP** _____ **P** _____
  **Temp** _____ **$O_2$** _____
- **Stable/Not Stable**
- **Awake/Alert – yes or no**
- **Breathing normally & on her own – yes or no**

***What to say on phone*:**
"Her vital signs are (stable/not stable); she is (awake/not awake; alert/not alert). She is breathing (normally & on her own; not breathing on her own)."

* * * \

[redacted], H[redacted]
05/14/1986
[redacted]

# Transport Form

**Date:** _____

**Age:** _____ **Weeks pregnant:** _____ **Gravida:** _____ **Para:** _____

**Type of Procedure:** Vacuum Aspiration D & E
Medication abortion / Induction

**Insurance:** Medi Cal

**Hgb:** _____ **Rh:** _____

**Allergies:** NKDA _____

**Tobacco use:** Yes No **ETOH/ drug use:** Yes No

**Major medical conditions:** _____

**Prior Surgeries:** _____

**Transport call:**

Please give this form to the clinic manager or delegate to make the transport call.

Time of call

You say: I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM / Presbyterian** Hospital (insurance dependent). She is a _____ year old female, status undergoing a _____ week abortion. She needs to be transported to the hospital because of _____. Her abortion is **complete / incomplete**. Her current status is _____.

Her vitals are: BP: _____ Pulse: _____ $O_2$: _____
Temp: _____ Resp: _____

**Notes:** _____

[redacted]

# Transport Form

Date: _____

Age: _____ Weeks pregnant: _____ Gravida: _____ Para: _____

Type of Procedure: Vacuum Aspiration D & E
Medication abortion Induction

Insurance: _____

Hgb: _____ Rh: _____

Allergies: NKDA _____

Tobacco use: Yes No ETOH/ drug use: Yes No

Major medical conditions: _____

Prior Surgeries: _____

Albuquerque Ambulance:
(505) 761-8200

Transport call:

Please give this form to the clinic manager or delegate to make the transport call

Time of call: _____

You say: I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM / Presbyterian** Hospital (insurance dependent). She is a 22 year old female, status undergoing a 22 week abortion. She needs to be transported to the hospital because of _____. Her abortion is **complete /incomplete** Her current status is _____

Her vitals are: BP: 90/60 Pulse: 112 $O_2$: 97
Temp: _____ Resp: _____

Notes: _____

Called 9:54AM

[redacted]
11/17/1996
[redacted]

**Transport Form**

**Date:** 10/9/15

**Age:** 21 **Weeks pregnant:** 29 **Gravida:** 1st **Para:** —

**Type of Procedure:** Vacuum Aspiration D & E
Medication abortion X induction

**Insurance:** Uninsured

**Hgb:** 9.9 **Rh:** pos

**Allergies:** X NKDA

**Tobacco use:** Yes X No **ETOH/ drug use:** Yes X No

**Major medical conditions:** Anemia taking iron

**Prior Surgeries:** None disclosed

Albuquerque Ambulance:
(505) 761-8200

**Transport call:**

Please give this form to the clinic manager or delegate to make the transport call.

Time of call:

You say: I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM / Presbyterian** Hospital (insurance dependent). She is a 21 year old female, status undergoing a 29 week abortion. She needs to be transported to the hospital because of c/o infection. Her abortion is **complete / incomplete**. Her current status is stable.

Her vitals are: BP: _____ Pulse: 150 $O_2$: 94% RA
Temp: 101.0 Resp: 20

**Notes:** unable to obtain BP

[redacted]

02/16/1990

[redacted]

DOCTOR OR NURSE DECLARES EMERGENCY EVENT

IF DOCTOR OR NURSE REQUESTS TRANSPORT

TRANSPORT CALL

When completed, this form contains all information needed to call for transport. Give it to the manager to make or delegate the call

YOU SAY ON THE PHONE

34 18 whatever the reason is regarding

She was (was not) given a mini/full dose of Rhogam (if Rh

165/75 101 94 98.5

TRANSFER FORM (FILL OUT ON EVERY PATIENT) [redacted], [redacted]

12/15/1975

Name _____ DOB _____

Insurance _____

Weeks _____

Y/N

Patient request to transfer _____

**pre op summary** (doctor fills out on day of pre op)

Medical indications _____

Surgeons _____

## DOCTOR OR NURSE DECLARES EMERGENCY EVENT

## IF DOCTOR OR NURSE REQUESTS TRANSPORT

Doctor or Nurse says we're [illegible] transport for [illegible] reason [illegible] difficulty, bleeding, heavy bleeding etc.

Ms Vitals gives brief [illegible] to patient reports ALLERGIES to doctor reports most recent vitals to Ms [illegible] and then continues to take and time vitals every 5 minutes and talk to patient.

Ms [illegible] records most recent vitals (with time) on this form, takes the patient [illegible] goes to front to inform manager who will make or delegate call. Ms [illegible] then starts to [illegible] patient chart.

## TRANSPORT CALL

When completed, this form contains all information needed to call for transport. Give it to the manager to make or delegate the call.

[illegible] 8/5/06/14

**YOU SAY ON THE PHONE** [illegible] Southwestern Women's Options about a patient [illegible] needs urgent transport to [illegible] NM/PRES [illegible] depending on insurance. She is a [illegible] woman and female status post a [illegible] week abortion. She needs transport to the [illegible] because of [illegible] whatever the reason is [illegible]. Her abortion is [illegible] complete. She was/was not [illegible] given a mini/full dose of Rhogam (if Rh neg). Her current status is stable/alert and awake/lethargic/unresponsive/in severe pain/[illegible] short of breath.

Vital signs are BP [illegible] Pulse [illegible] O2 Sat [illegible] Temp [illegible] Resp [illegible]

[illegible] stable

[illegible] constant [illegible]

[illegible] compression [illegible] meeting resistance because of [illegible] by [illegible] to keep [illegible] at/above [illegible] [illegible] none of these [illegible] stop after reporting vital signs)

# Transport Information

## To be given to dispatcher in the event of patient transport

Pt. Insurance NOT needed

### 1. Information Needed

[redacted]

- **Female**
- **Age** 18-40
- **Procedure**
- **Why Transporting**

***What to say on phone:***

"I'm calling about a [illegible] year old female, status post-abortion, who is [illegible] (eg. bleeding heavily; uncontrolled blood pressure; [illegible]).

### 2. Information Needed

- **Vital Signs: BP** [illegible] **P** [illegible]
  **Temp** [illegible] **$O_2$** [illegible]
- **Stable/Not Stable**
- **Awake/Alert – yes or no**
- **Breathing normally & on her own – yes or no**

***What to say on phone:***

"Her vital signs are [illegible] (stable/not stable); she is [illegible] (awake/not awake, alert/not alert). She is breathing [illegible] (normally & on her own; not breathing on her own)."

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

**Dispatcher *may* ask about past medical history, Whether benign or significant for...**

**IF ASKED by dispatcher, please respond:**

"Her past medical history is [illegible] (significant/benign) for [illegible] (eg. uncontrolled hypertension)."

[redacted] [redacted]

12/17/1990

[redacted]

Name

Date

Age

Weight

Height

Blood Type

Rh

Case #/N

Patient Status ER/H

Deadline

pre op summary

Medical conditions

Provider

## DOCTOR OR NURSE DECLARES EMERGENCY EVENT

## IF DOCTOR OR NURSE REQUESTS TRANSPORT

If Doctor or Nurse says: We are going to transport for ___ reason ___ or difficulty breathing, heavy bleeding etc.

Medical Records Department is unable to collect records ELECTRONICALLY to doctor records and enter vitals in Mediform and then continues to take and log vitals every 5 minutes and talk to patient.

Medical Records must record vitals with time on this form. Takes the patient's chart to medical and informs manager who will make or delegate call. Medical Records start collecting chart.

## TRANSPORT CALL

When completed, this form contains all information needed to call for transport. Give it to the manager to make or delegate the call.

Date 3/15/95 3/15/95

## WHAT SAY ON THE PHONE

Hello, this is ___ from Medical Records in Obstetrics. We have a patient that needs to be transported to UNM/PRL ___ depending on situation. The patient is ___ weeks pregnant and the current status is ___ which is ___. She needs to be transported because ___ whatever the reason is ___ and the patient is ___ months pregnant. She was/was not ___ given a mini/full dose of Rhogam (if Rh negative). The current status is ___ alert and awake, lethargic, unresponsive, seizure, pain, ___ bleeding.

Vitals: BP ___ Pulse ___ Resp ___ O2 Sat ___ Temp ___ Res ___

Other:

___ Yes ___ No Is the patient experiencing any of the following: ___ Contractions ___ Bleeding ___ Leaking fluid ___ Pain ___ Fever ___ Other ___ Other ___ Other ___ None of these

M[redacted] S[redacted]
4/13/1980
[redacted]

Transport Form

Age _____ # of Weeks _____

Gravida _____ Para _____

Type of Procedure: Vacuum aspiration/D&E/Induction/MIFE

Insurance _____

HCT _____ BP _____ Allergies _____

Smoke: Y/N ETOH /drug use: Y/N _____

Major Medical conditions _____

Prior Surgeries _____

Transport Call:

Please give form to manager or delegate making the transport call.

Time of call _____

(You say): I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM/ Pres** (insurance dependent). She is a _____ year old female status undergoing a _____ week abortion. She needs to be transported to the hospital because of _____. Her abortion is **complete/incomplete**. Her current status is _____
Her vitals are BP _____ Pulse _____ O2 Sat _____ Temp _____
Resp _____

E[redacted], N[redacted]
01/10/1990
[redacted]

Transport Form

Age _____ # of Weeks _____

Gravida _____ Para _____

Type of Procedure: Vacuum aspiration/D&E/Induction/MIFE

Insurance _____

HCT _____ RH _____ Allergies _____

Smoke: Y/N ETOH /drug use: Y/N _____

Major Medical conditions _____

Prior Surgeries _____

Transport Call: _____

Please give form to manager or delegate making the transport call.

Time of call _____

(You say): I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM/ Pres** (insurance dependent). She is a _____year old female, status undergoing a _____week abortion. She needs to be transported to the hospital because of _____. Her abortion is **complete/incomplete**. Her current status is _____
Her vitals are BP _____ Pulse _____ O2 Sat _____ Temp _____
Resp _____

S[redacted] S[redacted]
10/15/1988
[redacted]

Transport Form

Age 26 # of Weeks 17

Gravida 7 Para 6

Type of Procedure: Vacuum aspiration/D&E/Induction/MIFE

Insurance P Cent

HCT 36 RH POS Allergies NKDA

Smoke: Y/N ETOH /drug use: Y/N

Major Medical conditions None reported

Prior Surgeries None reported

Transport Call:

Please give form to manager or delegate making the transport call.

Time of call 317 p

(You say): I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM/ Pres** (insurance dependent). She is a ___ year old female, status undergoing a ___ week abortion. She needs to be transported to the hospital because of ___. Her abortion is **complete/incomplete**. Her current status is ___
Her vitals are BP ___ Pulse ___ O2 Sat ___ Temp ___
Resp ___

S[redacted] C[redacted]
12/21/1988
[redacted]

Transport Form

Age _____ # of Weeks _____

Gravida _____ Para _____

Type of Procedure: Vacuum aspiration/D&E/Induction/MIFE

Insurance _____

HCT _____ BH _____ Allergies _____

Smoke: Y/N ETOH /drug use: Y/N _____

Major Medical conditions _____

Prior Surgeries _____

Transport Call 6/11/15

Please give form to manager or delegate making the transport call

Time of call 1845

(You say): I am calling from Southwestern Women's Options about a patient who needs a transport to **UNM/ Pres** (insurance dependent). She is a ____ year old female, status undergoing a 15 week abortion. She needs to be transported to the hospital because of _____ Her abortion is **complete/incomplete**. Her current status is stable

Her vitals are BP 114/64 Pulse 90 O2 Sat 98 Temp 97.5

Resp _____

K[redacted], N[redacted]
08/23/1987
[redacted]

# Transport Form

Date:

Age: Weeks pregnant: Gravida: Para:

Type of Procedure: Vacuum Aspiration
Medication abortion: Induction

Insurance:

Hgb: Rh:

Allergies: NKDA

Tobacco use: ETOH/ drug use:

Major medical conditions:

Prior Surgeries:

Transport call:

Please give this form to the manager or designate to make the transport call.

Time of call:

Hello, I am calling from Southwestern Women's Options about a patient who needs a transport to UNM / Presbyterian (insurance dependent). [illegible] year old female, status: [illegible] weeks abortion. She needs to be transported to the hospital for [illegible] complete / incomplete. [illegible]

Notes: