

## Disposition Form Sample

### Final Disposition Determination Form

Tenn. Code Ann. §39-15-219(m)(1)(C)

Patient Identification Number: \_\_\_\_\_

[Provider name] is required to arrange for cremation or interment of the fetal remains from the in-clinic abortions provided at our health centers. We have arranged for [insert service] at [insert location].<sup>1</sup> A copy of this completed form will be provided to persons responsible for burying and/or cremating the fetal remains as required by Tenn. Code Ann. §39-15-219(n)(2).

Select one option:

- The patient chose for the health center to arrange to [cremate/bury] the fetal remains at [location], as is the standard arrangement made by this health center.
- The patient chose to make their own arrangements for final disposition by cremation or interment (please circle one) at a different location at their own expense.

If the patient selected to make their own arrangements, please provide the name and address of the funeral home or crematory: \_\_\_\_\_

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Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<sup>1</sup> If unforeseen circumstances beyond our control preclude us from arranging for [insert service] at [insert location], [Provider] will arrange for comparable services for final disposition. Any changes will be noted in health center and patient records and can be shared upon request for the duration of time that the health center is required to maintain these records.