

Witness

## WAYNE MEMORIAL COMMUNITY HEALTH CENTERS A Clinical Affiliate of Wayne Memorial Health System, Inc.

## **Congratulations on Your Pregnancy!**

We would like to welcome you to Women's Health Center, a division of Wayne Memorial Community Health Centers. Our practice consists of OB/GYN doctors, certified nurse midwives, and nurse practitioners. Our team of providers work together, ensuring you and your unborn baby receive the highest level of healthcare.

It is recommended by our practice to adhere to the following guidelines. We ask that you review the information below and initial each line if you agree. I will come to all my appointments on time and understand that I might not be seen if I am late. If I miss several appointments, this may result in my dismissal from the practice. I will obtain all prenatal lab work ordered by my healthcare provider. \_ I understand that Women's Health Center, a division of Wayne Memorial Community Health Centers, may conduct a drug and alcohol screen as part of my prenatal care. These screenings may be conducted at random, at office visits or on the labor and delivery unit. The results of all tests are used to provide medical care for you and your baby. I will obtain an anatomy ultrasound after 20 weeks. \_\_\_\_I will accept care from the healthcare provider on call, regardless of gender, without exception to any particular provider. I understand that a midwife birth is not always possible. \_\_\_\_ I will accept a blood transfusion in the case of a medical emergency. I understand, and give consent, to have my records shared with any healthcare provider or facility that needs them to provide healthcare for me or my baby. I understand and agree to the initialed terms above. Patient Name Date of birth Patient Signature Date

Date