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RECEIPT FORM

I acknowledge receipt of CARING CENTER FOR WOMEN, PA's Pregnancy Book. I am aware that my thorough reading of this book, in conjunction with consultation(s) with my doctor(s) or other provider will provide a reasonably concise explanation of pregnancy, childbirth, and postpartum intervals. I will also gain a reasonably concise understanding of the risks and complications that are, or may be, encountered during pregnancy, childbirth and postpartum intervals. I will further gain a reasonable understanding of instructions, treatments and procedures that may be administered during pregnancy, childbirth and postpartum intervals.

I concur that my consultation(s) with my doctor(s) or other providers and the reading of this book cannot possibly cover every imaginable risk, complication or unforeseen problem.

I understand that I have the constant privilege of asking additional questions of my doctor(s) or of the staff so I may be better informed.

I further understand that I may, at any time, be asked to sign another form for office or hospital treatment or procedure.

Patient Signature