



Prenatal Care Agreement

I understand that Obstetrix Medical Group will provide the following service to me during my pregnancy:

- Diabetes and Pregnancy Related Service
- Ongoing evaluation through Comprehensive Perinatal Service Program
- Referrals to other agencies or facilities as necessary
- Postpartum related services

As a participant in the Comprehensive Perinatal Service Program (CPSP) I will:

- Keep my appointments
- Call 408-371-7111 to cancel or change my appointment
- Follow the advice of the Obstetrix staff to the best of my ability
- Ask questions if I do not understand what I am instructed to do or why I should do it

I have read and accepted the information contained in the agreement and agree to participate in the Comprehensive Perinatal Services Program. I understand that I have the right to withdraw from the program at any time. Withdrawal from the program will not affect my current or future care or treatment.

I have read the information contained in this agreement and decline participation in the Comprehensive Perinatal Services Agreement. I understand that my decline to participate will not affect my current and future care or treatment.

Signature of patient

Date

Patient Label Here