

Welcome to The Women's Healthcare Group!

Thank you for choosing our practice as your health care provider. We are committed to providing you with the best quality care possible.

Your Initial Obstetrical appointment is scheduled for:

_____ @ _____ am/pm

Ultrasound in lower level (if applicable)

Obstetrical Nurse Specialist & Provider in upper level

With the combined appointments, please allow approximately 1 ½-2 hours for this initial appointment.

Please read and complete the enclosed packet and sign where indicated. **Bring the completed packet, and your insurance cards, with you to your appointment.**

Having this information **completed** and with you at the time of your visit will allow us to serve you more efficiently.

If you have any questions regarding this information, we will be happy to answer them at the time of your appointment.