

# FEMI-CARE SURGERY CENTER, LLC

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66 Painters Mills Road, Suite 106 • Owings Mills, MD 21117 • Ph: 443 394.0523 F: 443 394.0524

Date: \_\_\_\_\_

Patient Name (Print): \_\_\_\_\_

A list of federal, state and private agencies and organizations which provide counseling or financial assistance for me and/or my child for the purpose of carrying the pregnancy to a normal delivery, or to raise or support my child, or to place my child for adoption has been reviewed with me.

I have been counseled as to general extent to which these agencies and organizations may provide counseling and/or financial assistance for me and my child.

DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT, UNDERSTAND IT, AND AGREE WITH WHAT IT IS.

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_