

# JACKSON REGIONAL WOMEN'S CENTER

## Policy Regarding Obstetric Patients

Jackson Regional Women's Center strives to provide patient care/services of the highest level to our patients. The following care/services are performed as part of the general pregnancy services within the office setting, when patients present for their first Obstetric encounter and continue their care within our clinic.

These include Ultrasounds for pregnant uterus, fetal anatomies, fetal heart beat, placenta location, fetal position, qualitative fluid volume, single or multiple fetuses, lab work for Hepatitis B, Rubella antibody, Syphilis, RBC antibody screening, ABO blood typing, Rh blood typing, hemogram, HIV, Beta Strep, Vaginal culture, Thin Prep, Chlamydia, Gonorrhea, and Glucose.

\*Other screenings may also be deemed medically necessary for the care and well-being of maternal and fetal health.

I consent to the above listed care/services and any other's my physician feels are medically necessary to be rendered to me as a patient of the JRWC.

\_\_\_\_\_  
Patient's Signature **(PLEASE SIGN)**

\_\_\_\_\_  
Date

**\*\*Please be informed if you refuse care/services that your physician deems medically necessary, you will be asked to sign a Refusal to Treat Form : in addition. Your physician has the right to DECLINE treating or seeing you as a patient.**

\_\_\_\_\_  
Patient's Signature **(PLEASE SIGN)**

\_\_\_\_\_  
Date

**I refuse the following care / service(such as any Labs, Procedures,etc)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Patient's Signature **(OPTIONAL)**

\_\_\_\_\_  
Date