

Namrata Choudhary, M.D., F.A.C.O.G.
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Obstetrician & Gynecologist

EMERGENCY CONTACTS

Name	Telephone	Relationship

Allergy to Medicines, Material, Food, ETC.(circle one) YES NO

If any allergy, always carry emergency drugs. If you circled YES, please explain:

Pharmacy Information

If you have a preferred pharmacy where you fill your prescriptions, fell free to leave this pharmacy information below. **Please allow up to 48 hours for the office to fill routine prescription request.** Please note that we may charge for urgent prescription requests for routine medications. However, we will make every effort to accommodate true emergencies in a timely fashion. If you do not have a pharmacy, you will be required to give us this information when requesting prescriptions. Please have it ready when you call.

Pharmacy Name Pharmacy Phone Number

Pharmacy Name Pharmacy Phone Number

Pharmacy Name Pharmacy Phone Number

Remember it is in your best interest to keep this information updated in your records.

Consent & Authorization: By my signature below, I authorize treatment and understand the following:
To the best of my knowledge the above information is accurate, and will not hold Women First OB/GYN P.C. responsible for any errors or omissions made while completing this form.

Patient or Legal Guardian:

Print Name: _____ Date: _____

Patient Signature: _____