

Austin Perinatal Associates
6500 North Mopac Expwy
Building 1, Suite 1205
Austin, TX 78731
P-512-206-0101
F-512-206-0212

Date: _____

Patient Name: _____
(Print)

Date of Birth: _____

Expected Due Date: _____

I give the parties listed below, permission to discuss and receive any medical and financial information for this current pregnancy, with all employees of Austin Perinatal Associates, David L. Berry, M.D.

PATIENT SIGNATURE

Parties involved with current pregnancy:

Name (Print)

Patient Signature

Name (Print)

Patient Signature

Name (Print)

Patient Signature