

McLaren Print System Order

Order No: 8005
Order Date: 2015-01-07
User: cindy martin
Phone: 517-233-0174

Ship Location: eaton rapids womens health attn cindy
101 e spicerville hwy
eaton rapids, mi 48827

Forms
Quantity: 100
Paragon Dept No: 67425
Dept Name: mclaren greater lansing eaton rapids womens health
Company Number: 810

Order Total Price: 0.00

Item Number: MSA-2218
Item Description: Acknowledgement of Receipt of Hysterectomy Information
Revision Date: 5/1997
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info:

ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION

Michigan Department of Community Health

RECIPIENT STATEMENT:

I, _____, was told before the
(Print or Type Recipient Name)
hysterectomy was done that after the hysterectomy I would not be able to become pregnant.

(Recipient or Representative Signature) (Date)

(Interpreter Signature, if required to inform the recipient of the above information) (Date)

PHYSICIAN STATEMENT:

The hysterectomy for the above named recipient is solely for medical indications. This hysterectomy is not primarily or secondarily for family planning reasons, to render the above named recipient permanently incapable of reproducing, i.e. sterilization. It was explained to the above named recipient prior to the hysterectomy that the hysterectomy will render her permanently incapable of reproducing.

(Physician Signature) (Date)

Authority: Title III of the Social Security Act Completion: A Voluntary, but is required if Medical Assistance program payment is desired.	The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you are invited to make your needs known to the Family Independence Agency (FIA) at 3100 Jackson.
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