



Fax Cover Sheet

To:

From:

Fax: (919) 883-4036

Phone: (919) 977-5050

Pages: (8 Max)

Date:

Name:

Birth Date:

Height:

Weight:

Medical History

Current Medication

Are you sending your records to be evaluated for:

- Tubal ligation reversal
- Tubal surgery to repair blocked tubes from causes other than tubal ligation
- Essure reversal
- Essure removal

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Home Phone:

Work Phone:

Cell Phone:

Email: