



## Fax Cover Sheet

**To:**

Dr Charles Monteith A Personal Choice

**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:**