

PEDIATRIC ASSOCIATES OF SPRINGFIELD, INC

1000 E. Primrose, Suite 560, Springfield, MO 65807 (417) 882 – 1600

Please print and sign this page to indicate that you have read and understand the Planned Home Birth document. Please send this signed page back to our office by mail.

I certify that I have read the Planned Home Birth document and plan to fulfill these standards of care for home births as recommended by the American Academy of Pediatrics:

_____ Date: _____

Mother's Signature

_____ Date: _____

Father's Signature

Mother's Printed Name

Father's Printed Name

Phone Number

Baby's Expected Due Date: _____

Thank you and we look forward to meeting your new little one.