



ELIZABETHTOWN PHYSICIANS FOR WOMEN, P.S.C.
GYNECOLOGY, GYNECOLOGIC SURGERY AND OBSTETRICS

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ELIZABETHTOWN PHYSICIANS FOR WOMEN, PSC
PATIENT CONTRACT

PATIENT NAME _____ DOB _____

As a patient with Elizabethtown Physicians for Women, PSC, I agree to the following: (Please initial each item in the space provided.)

1. The Physician/Provider I see on a regular basis may not always be available for appointments, delivery, surgery or emergencies. I agree to accept medical treatment from the Physician/Provider available to perform services, regardless if they are the Physician/Provider I see on a regular basis for routine services. _____
2. The Physician/Provider has developed a treatment plan for my pregnancy/GYN care. I agree to follow my Physician/Provider's plan of medical treatment. _____
3. Regularly scheduled appointments allow for very important monitoring as part of my treatment plan. I will keep all my scheduled appointments, and in the event it is necessary to reschedule an appointment, I will give a minimum 24 hour notice. _____
4. I understand that in the event I miss two appointments without appropriate notice prior to the start of the third trimester of my pregnancy, I may be released from the care of Elizabethtown Physicians for Women, PSC. _____
5. Deliveries/Surgeries performed by Physicians/Providers of Elizabethtown Physicians for Women, PSC are performed at Hardin Memorial Hospital. If I desire to have my delivery/procedure performed elsewhere, it is my responsibility to contact another Physician to accept my care as soon as possible. It is my responsibility to inform Elizabethtown Physicians for Women, PSC of my intent to transfer. (Records will be transferred to the Physician of your choice upon receiving a signed records release.) **If you are pregnant, it is extremely important that you make this transfer early in your pregnancy.** _____
6. My failure to comply with the above may result in my dismissal from Elizabethtown Physicians for Women, PSC. _____

I understand the above contract and agree to the above terms of this agreement.

Print Name

Date

Signature

Date