



pact

Placement

Education

Support

Community

Record Release Authorization and Pregnancy Verification

Please have your doctor or clinic fill out the appropriate sections and then sign all three copies in the presence of your doctor or clinic. Return one copy to Pact, keep one for your records and leave one for your clinic or doctor. This form allows us to talk to your clinic or doctor about the medical aspects of the pregnancy and/or the medical condition of your child.

Patient's Name _____

Doctor's Name _____

Address _____

Telephone _____

Contact person _____

Clinic Name _____

Address _____

Telephone _____

Contact person _____

Hospital Name _____

Address _____

Telephone _____

Contact person _____

Proof of Pregnancy

Date this form was completed _____

Pregnancy has been verified | yes | no

Expected delivery date _____
month day year

Authorized Signature (include title)

