

# Fort Worth Perinatal Associates, P.A.

Tracy Papa, D.O., F ACOOG

Rebecca Reyes, M.D., FACOG

I fully understand and acknowledge that Fort Worth Perinatal Associates, P.A. is a specialty practice that has been asked to see me on a consultation basis only. My Obstetrician will continue to care for me during my pregnancy and will be delivering me as planned. I also understand that it is vital for me to continue going to my Obstetrician for regularly scheduled appointments, even if I have an appointment with Fort Worth Perinatal Associates, P .A.

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Patient Signature

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Patient Name (Please Print)

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Date

1250 8th Avenue, Suite 570 Fort Worth, Texas 76104

(817) 332-MOMS (6667)

Fax: (817) 546-0946

Toll Free: (877) 722-8057