



Please select which statement pertains to the patient in your care regarding how their current pregnancy was achieved.

Member Name:		
Member Date of Birth:		
Estimated Due Date:		
Pregnancy was achieved naturally and NO artificial fertility assistance.	stance was used.	
Pregnancy was achieved using artificial fertility assistance, such	n as Intrauterine In	semination or In Vitro Fertilizatio
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Practitioner's Name:	_	
Practitioner's Signature:	(required)	Date: