



## Central Phoenix Obstetrics and Gynecology

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

- ☐ B12 Shots
- ☐ Meal Planning
- ☐ Weight Loss
- ☐ Nutritional Counseling
- ☐ Sexual Health
- ☐ Preconception Consult

I would like to book a consult/s today.

☐ Yes ☐ No (requires a \$20 reservation fee)

I would like a follow up call in 1-3 months.

☐ Yes ☐ No

I am not interested in these services.

☐

**\*\*These visits will be submitted to your insurance. The \$20 deposit is to reserve your space in the schedule. You will receive your \$20 reservation fee back once insurance has paid for your visit.\*\***