Proof of Pregnancy

Patient's Name

Age

Phone Number

Date of Birth

Address

Email

Last Menstrual Period

Expected Delivery Date

Age of Gestation (Weeks)

Number of Fetuses

Mother's Medical Condition

Medical Condition of the Baby

I, , as a gynecologist, hereby confirm that has been under my medical care and supervision for her pregnancy and affirm that the information stated above is true and correct. I have clinically confirmed that as of the date of this Proof of Pregnancy, the Patient is pregnant and her pregnancy has been stable. This statement is provided upon the patient's request to verify her pregnancy and I understand that any misrepresentation, false information, or misleading information can be charged with a criminal act punishable by law and subject to any civil penalties.

OB/Gyne

Signature

Date Signed

Hospital/Clinic Address

Jotform

This document is a PDF copy of **Proof of Pregnancy** template. You can edit it with **Jotform Sign** and convert to an eSign document with **Jotform Sign**.

Edit PDF

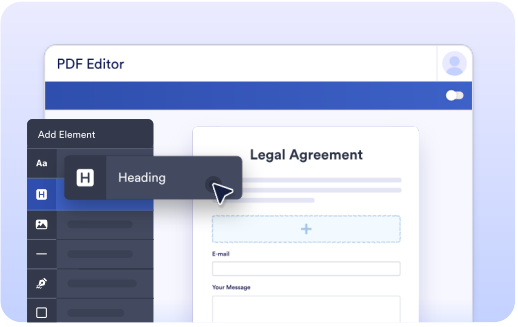
Learn More About Jotform PDF Products

Jotform offers powerful PDF solutions. Check them out below.

Jotform PDF Editor

Turn form submissions into PDFs automatically ready to download or save for your records.

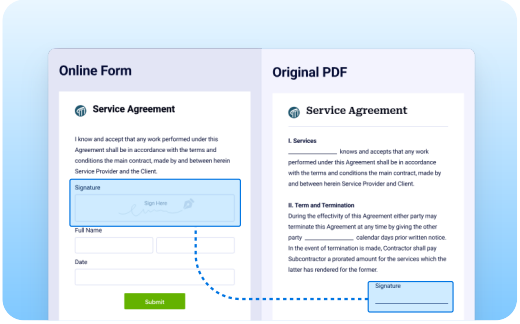
jotform.com/products/pdf-editor/



Smart PDF Forms

Convert your PDF files into online forms that are easy to fill out on any device.

jotform.com/products/smart-pdf-forms/



Jotform Sign

Collect e-signatures with Jotform Sign to automate your signing process.

jotform.com/products/sign/