EDIT PDF

Proof of Pregnancy

I	Patient's Name	Age
I	Phone Number	Date of Birth
1	Address	
		Email
I	Last Menstrual Period	Expected Delivery Date
4	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

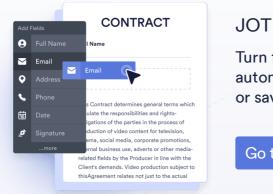


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PRODUCER AGREEMENT	PRODUCER AGREEMENT
I. Parties	I. Parties
I have read and understood the above information and I agree to these conditions and provide consent for the agreement.	This Producer Agreement (shall be referred as the "Agreement hereinafter) has been signedby and between the parties below on;
Date	The "Producer"
	Name
Full Name	Address
Address	Sign The "Client"
Sign	Name
Sign Here	Address Sign
	II. Subject and Term of the Agreement
Submit	This Agreement determines general terms which regulate the responsibilities and rights-obligations of the parties in the process of production of video

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