



Orrego Center for Women's Health
Delivering Women's Care with Compassion

John Orrego, MD

Carolyn DeWalden, PA-C

INFORMATION ABOUT PRENATAL SCREEN TESTING

I have read the information on the sheet entitled "*Prenatal Screening and Diagnostic Tests for Birth Defects*". I understand that all women have a chance of having a baby with a chromosome disorder, other birth defects, and inherited diseases or disorders and that testing is available for all pregnant women. I understand the information, and all my questions have been answered. I also understand this testing may not be covered by my insurance company.

Carrier screen Testing: I DO want the testing ____

Signature _____ Date ____/____/20____

I do NOT want the testing ____

Signature _____ Date ____/____/20____

Downs Syndrome Screening: I DO want the testing ____

Signature _____ Date ____/____/20____

I do NOT want the testing ____

Signature _____ Date ____/____/20____

Please mark your choices, then sign and date as indicated

-2714 Rew Circle. Ocoee, FL 34761
-1715 E. Hwy 50, Bldg 3, Ste A
Clermont, FL 34711

Phone: 407-614 0078
Phone: 352-708 6511

Fax: 407-614 0169
Fax: 352-708 6533