

Christopher F. Hannum, M.D., P.C.

Patient Form

MY LAST PERIOD WAS FROM : _____ TO _____ .
THIS WAS A TYPICAL MENTRUAL PERIOD FOR ME.

I AM NOT PREGNANT AND IF I BECOME PREGNANT I WILL DISCONTINUE
DR. HANNUM'S MEDICATION IMMEDIATELY.

IF I HAVE HAD A NEWBORN I AGREE NOT TO BREAST FEED AND TAKE
DR. HANNUM'S MEDICATION.

X _____
Patients Signature

X _____
Date