



19991 Hall Road, Suite 105
Macomb, MI 48044

Phone: 586-247-8609
Fax: 586-247-8615
e-Fax: 586-247-8613

CONSENT FOR SUBSTITUTE OBSTETRICAL PROVIDER

In engaging Partridge Creek Obstetrics and Gynecology, PC as my provider of obstetrical care I understand if you are unavailable or unable for any reason to be present to delivery me, you will exercise reasonable care and due diligence in referring me to another duly licensed obstetrical provider to render obstetrical care to me at that time.

I acknowledge that Partridge Creek Obstetrics and Gynecology, PC offers midwifery services for women who have an uncomplicated pregnancy. The certified nurse midwife will have a collaborating physician readily available for consultation when necessary either in the office or the hospital. Childbirth is a natural process however sometimes complications arise necessitating transfer of care from the midwife to the physician.

I have had the opportunity to review and discuss the information on this form. I agree to hold you free from any responsibility in connection with any services that may be performed by any provider to whom you may refer me or who is called in your absence.

Partridge Creek Ob/Gyn Physician:

Rhonda Kobold, D.O.
Hina Javaid, M.D.

Partridge Creek Ob/Gyn Midwife:

Tanya Vaughn, FNP-BC, CNM

Covering Physicians:

Deepthi Lingam, M.D.
Jasmin Ghuznavi, M. D.
Daphne Tumaneng, D.O.
Hospital Laborist at Wm. Beaumont Troy Hospital

Patient Name: _____ **Date of Birth:** _____

Signature of Patient: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____