

**Mid-City OB-GYN, P.C.**  
7205 West Center Road, Suite 200  
Omaha, Nebraska 68124

**CONSENT FOR TREATMENT BY MID-CITY OB-GYN, P.C.**

I acknowledge that Mid-City OB-GYN, P.C. has six Board Certified OB-GYN physicians. These physicians all work together for patient care both in the office and at the hospitals. This group consists of three female physicians, and three male physicians.

Each physician follows the American College of Obstetricians and Gynecologists (ACOG) guidelines for continuing medical education and provides up-to-date standard of care.

While every effort has been made for me to see my primary physician, there will be times when my physician is not available. Knowing this, I realize that call coverage is provided by both male and female physicians and no particular physician is guaranteed to be present for my prenatal, delivery and postpartum care.

By signing below, I acknowledge that I understand the information presented in this Consent For Treatment By Mid-City OB-GYN, P.C. form.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Significant Other Signature

\_\_\_\_\_  
Date