FORWARDHEALTH

ACKNOWLEDGMENT OF RECEIPT OF HYSTERECTOMY INFORMATION

Instructions: Print or type clearly. Before completing this form, refer to the Acknowledgement of Receipt of Hysterectomy Information Completion Instructions, F-01160A.

Name — Member	Member Identification Number
Address — Member	
Name — Physician	National Provider Identifier

It has been explained to _____ (me) that the hysterectomy to be performed on her (me) will render her (me) permanently incapable of reproducing.
(Name — Member)

SIGNATURES — Member, Representative, and Interpreter

Member	Date Signed
Representative	Date Signed
Interpreter	Date Signed

Reset Form

F-01160