



Phillip Agrusa, MD • Scott Armstrong, MD • Theodore Colwell, MD • John Dufurrena, MD
Jessica Fu, MD • Lee Parsons, MD • Michael Robinson, MD • Harmony Schroeder, MD • Becky Uranga, MD
Jill Dawson, CRNP • Amy English, CRNP • Jen Newman, CRNP MS • Julie Stevens, CRNP

315 E. Elm Street, Suite 310 • Caldwell, ID 83605 • phone 208.454.2035 • fax 208.454.1065
3520 E. Louise Drive • Meridian, ID 83642 • phone 208.888.0909 • fax 208.888.5825
3101 E State St., Ste. 2100 • Eagle, ID 83616 • phone 208.938.2220 • fax 208.938.2235
Business Office • phone 208.955.0350 • fax 208.955.0352

Authorization for Hysterectomy

OB/GYN Associates would like to inform you that hysterectomies are only paid if certain criteria are met. This document must be read signed and dated by you, the client.

I have been informed verbally and in writing that the hysterectomy will render me incapable of reproducing. I was informed of these consequences prior to the surgery being performed.

Signature: _____

Date: _____

Witnessed: _____

Date: _____