

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

SIGNATURES — Member, Representative, and Interpreter

Member	Date Signed
Representative	Date Signed
Interpreter	Date Signed



F-01160