



LITTLE  
MIRACLES  
SURROGACY



Little Miracles Surrogacy, LLC.  
PO Box 58171  
Pittsburgh, PA 15209

## **OB RELEASE FORM**

Full Name:	Address:	
Date of Birth:	City:	
Phone Number:	State:	Zip:
Emergency Phone Number:		
Email Address:		

### **In the past, have you experienced:**

\_\_\_ Miscarriage, if yes, number of miscarriages/date?

\_\_\_ Diastasis Recti (Abdominal Separation)

\_\_\_ Other pregnancy complications

\_\_\_ Number of pregnancies

Physician Name:	Address of Practice:	
Physician's Specialty:	City:	
Name of Practice:	State:	Zip:



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I, \_\_\_\_\_(Physician Name) have examined,

\_\_\_\_\_ (Patient Name) on \_\_\_\_\_(date).

The patient is a healthy individual and there are no known reasons to suspect that the patient may have a premature birth, high risk pregnancy, or that the pregnancy will pose an unreasonable risk to the Patient or the baby. The Patient is medically cleared for pregnancy.

If the patient is not medically cleared for pregnancy, please state the reason below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*PHYSICIAN SIGNATURE*

**Please Send Completed Release Form to:**

Little Miracles Surrogacy, LLC.

Attn: Ursula Breseni

PO Box 58171

Pittsburgh, PA 15209

Phone#: 412-699-2172

Fax#: 724-788-4288

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