*The Maternal Fetal Center, Inc.*
**Danielle M. Esters, MD, FACOG**
**1035 S. State Road 7 Suite 120 A**
**Wellington, Fl 33414**
561-790-0472

## AUTHORIZATION FOR TREATMENT

I,___________________________HAVE BEEN REFERRED TO THE MATERNAL FETAL CENTER, INC., BY MY DOCTOR AND/OR MIDWIFE, ON A CONSULTATION BASIS .

I AGREE TO BE SEEN AND EVALUATED BY DR. ESTERS AND/OR HER ASSOCIATES/STAFF.

SIGNATURE________________________________DATE________________

WITNESS__________________________________DATE________________