

**Dual Provider Patient Care Policy**

Dear Patient,

We are glad that you have chosen \_\_\_\_\_ for your ob and/or gyn health care. We look forward to taking care of you. **Name of Male Gynecologist** and **Certified Nurse Practitioner**, are excellent care providers and consult with each other concerning patient care on a daily basis as needed. If you are an OB patient, you will be seeing both **male gynecologist** and **Nurse Practitioner** during the course of your pregnancy. Gyn patients may also alternate providers depending on the need of your visit. Please feel free to ask any questions that you may have concerning our Dual Provider Patient Care Policy and we trust that you will “make yourself at home” in our practice.

Sincerely, Management of \_\_\_\_\_ Ob/Gyn

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_