

South Florida Women's Care

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RECEIPT OF NOTICE TO OBSTETRIC PATIENT

I have been furnished information in the form of a Brochure prepared by the Florida Birth-Related Neurological Injury Compensation Association (NICA), pursuant to Section 766.316, Florida Statutes, by Oscar R. Morales, M.D., James N. Esserman, M.D., Lucia Gaitan, M.D. and Anna T. Davis M.D., are participating physician's in the program, wherein certain limited compensation is available in the event certain types of qualifying neurological injuries may occur during labor, delivery or resuscitation in a hospital. For specifics on the program, I understand I can contact the Florida Birth-Related Neurological Injury compensation Association, P.O. Box 14567, Tallahassee, Florida 32317-4567, 1-800-398-2129. I specifically acknowledge that I have received a copy of the Brochure prepared by NICA.

Date _____

Printed Name

Patient Signature

Social Security Number: _____ - _____ - _____

Given by _____

Date: _____