

[illegible]

Birth and Emergency Plan

I know that any complication can develop during delivery and I know that I should deliver in a health facility.

I will be attended at delivery by _____.

I plan to deliver at _____.

This is a PhilHealth accredited facility ☐ Yes ☐ No

The estimated cost of the maternity package in this facility is _____.

The mode of payment is cash.

The available transport is _____.

I have contacted _____ to bring me to the hospital/health center.

I will be accompanied by _____.

_____ will take care of my children/home while I am in the health facility.

In case of a need for blood transfusion, my possible donors are:

○ _____

○ _____

In case of complications, I will be referred right away to:

Person to notify in case of emergency:

Name and Relationship: _____

Address: _____

Contact Number/s: _____

Patient's Signature Over Printed Name