

Transfer Plan for Midwifery Services' Clients

Transfer Plan for _____

I, _____, am planning a home birth with Midwifery Services, PLLC. In accordance with midwifery practice standards, this is the plan for transfer from home to hospital.

1. Hospital: _____

Address: _____

Telephone: _____

2. Hospital: _____

Address: _____

Telephone: _____