Statement of Pregnancy

STATEMENT OF PREGNANCY

From: HENDRY COUNTY HEALTH DEPARTMENT 1140 PRATT BLVD LABELLE FL 33975 (863)674-4041

Date: _____ dd / mm / yyyy

To Whom It May Concern:

Patient Name: _____ **Date of Birth:** _____ dd / mm / yyyy

Address

Phone Number: _____

Our client WHIDDEN, AMANDA has had a positive pregnancy test on 01/30/2025.

Gestational Age: _____ **LMP (Last Menstrual Period):** _____ dd / mm / yyyy

Estimated Conception Date: _____ dd / mm / yyyy **Estimated Delivery Date:** _____ dd / mm / yyyy