

CHILDBIRTH PREPARATION CLASS

The Childbirth Preparation Series is a five session class designed for parents in the sixth to eighth month of pregnancy. Topics include anatomy of pregnancy, prenatal precautions, labor and delivery process, relaxation and breathing exercises, cesarean deliveries, postpartum and breast feeding. The fifth class in the series is for newborn baby care.

The series is taught by a childbirth educator and guest speakers. Please bring Partners In Care binder and 2 pillows to class. Please bring a beverage if needed.

2010 CLASS DATES

Tuesday Series: 6:30 p.m. to 9:00 p.m., 5 classes per session with each class being 2-1/2 hours.

- 1. Jan. 12, 19, 26, Feb. 2, 9
- 2. Apr. 6, 13, 20, 27, May 4
- 3. June 22, 29, July 6, 13, 20
- 4. Sept. 7, 14, 21, 28, Oct. 5
- 5. Nov. 16, 23, 30, Dec. 7, 14

Location: St Cloud Medical Group, P.A., Northwest Clinic, 251 County Rd 120, St Cloud, MN 56303

Instructor: Lori Humbert, R.N., ICCE, CLC

(Other classes are provided by St Cloud Hospital, CentraCare-Women & Children’s Clinic and Health Partners.)

.....Detach and return.....

REGISTRATION FORM

Name _____

Birth Date _____

Address _____

Home Phone () _____ Work Phone () _____

Childbirth Partner _____ Phone () _____

Physician _____

Expected Due Date _____

Series number you wish to attend _____ Fee: **\$75.00** (Fees subject to change)

Make Checks payable to: St. Cloud Medical Group

Mail To: St Cloud Medical Group, Childbirth Classes, 251 County Road 120, St. Cloud, MN 56303

Please call 320-529-4731 with any questions. Classes fill quickly so please pre-register (at about 24 weeks) for the class ending about 1 month prior to your due date. You are registered for the class when we receive this form and payment. No refunds are given after the first class. Be sure to mark your calendar! You may assume you are registered for the class you selected unless you hear from us.

*If you are receiving Medical Assistance, we will need a written order from your physician before you can register.

Office Use Only: Send completed registration form with payment to Business Office. Put patient account number on check.

Tran Code: 4033 Send Claim: No

Doctor: 99

____ PMAP: (Childbirth Classes)

Doctor: 534 (use number when billing MA& PMAP)

____ MA: # Sessions ____ # Units ____ # in Group ____ Diagnosis Code: V22.0 Late Doctor # _____