

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Use this form for your next OB/GYN visit, and write notes in the space provided. Then file the form with your medical records, so that you have your own documentation of what was said and done for future reference.*

*Have you:*

- Scheduled your OB/GYN visit for two weeks after your period, and rescheduled in the event that you get your period on the day of your scheduled exam?
- Printed out your menstrual diary or personal menstruation calendar?
- Printed out your medical records?
- Refrained from having intercourse, douching, or using any other vaginal preparations for 48 hours before your visit?
- Made a list of important questions and concerns to discuss with your doctor?

*Notes:*

# Office Visit Checklist

[www.fibroids1.com](http://www.fibroids1.com)

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