

Postpartum Doula Care Reservation Form

Name: _____

Address: _____

Home Phone: _____

E-mail: _____

Estimated Due Date: _____

Please fill out this form completely and send in to have Debra call and schedule a Preliminary home visit to discuss postpartum care and services. A \$50.00 deposit is required along with this form. This will be deducted from the cost of care if contract is agreed upon. There is a \$100.00 non-refundable deposit to retain dates. This is determined at the time of your preliminary visit.

There is a (20) hour minimum which may be spread out over a 4 week period. Any additional hours will be subject to availability and mutual agreement. Please give 24-hour notice if you would like to have your postpartum doula meet you at your home, following release from the hospital.

Name on Card: _____

MC/Visa/Amex Card #: _____

Expiration: _____

Amount: _____

Deposit: _____

Balance Due: _____

Signature: _____

Check or Money Order to:
Debra Geymayr

P.O. Box 143663
Miami , FL 33114

For further registration information please contact Debra at 305-279-1322