

PROOF OF PREGNANCY (P.O.P.)

Always call to verify office hours and cost.

The School Age Parent Program (SAPP) requires a proof of pregnancy from 1) a doctor or physician's assistant 2) a clinic/center that provides a document signed by a nurse or nurse practitioner.

Doctor's office Call your family doctor. Ask how much an examination and pregnancy test costs and/or make an appointment.

Denton County Health Department and Womens Health Care

401 N Valley Pkwy, Ste 100

Lewisville

972-434-4700

An appointment is not required. Hours: **M, W, Th** 7-11:30/1-5:30 **Tue/Fri** 7-11:30

COST: \$5

LifeTalk Resource Center

8380 Warren Pkwy, Suite 204

Frisco

214-618-9352

Mon-Wed 9-4pm **Thur** 9-7pm **Fri** 9-12pm

Must be willing to sit in a pregnancy counseling session.

Saturdays by appointment only. SONOGRAM & EXAM COST: Free

Someone Cares Advocacy & Pregnancy Ctr.

609 S. Charles St.

Lewisville

972-436-1981

Tues-Fri 10am-2pm Saturdays by appointment only

Cost: Free

Planned Parenthood

1356 W. Main Ste 1352

Lewisville

972-221-7644

M/W/Th 9-5PM **T** 12-7 **F** 9-3pm

No appointment necessary. COST: \$50-100

Woman to Woman Pregnancy Resource Center

521 N. Locust

Denton

940-383-4494

Appointments preferred. Open M-F. Call for office hours(10-4 or 10-2) COST: Free

NOTE: The School Age Parent Program RN/Childbirth Educators case manage all LISD pregnant students. *When you have a proof of pregnancy*, bring the doctor's (or clinic's) note to the person who gave you this sheet (nurse or counselor). **Ms. Smith, SAPP RN/CBE or Ms. Breaux, SAPP RN/CBE** will be notified and will send a pass so you can meet with her within a few days.

REPORT OF PREGNANCY

NAME OF PATIENT: _____

Month Pregnancy Began _____ Month Diagnosed _____

Estimated Delivery Date _____

Recommendations/Comments:

X _____
Name (print) Today's Date

X _____
Signature of Examining Professional

TITLE

Physician Advanced Nurse Practitioner Registered Nurse Other Professional

Specify

Telephone No. _____

Office Address: _____

CLINIC: Fax form to SAPP office **972-350-9349** **OR**

STUDENT: Return to person providing you this form.

Updated 10/2017