

# FertilityCare Appointment Summary

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

FU #: \_\_\_\_\_

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

Natural Fruit FertilityCare Services  
Patricia Deshane, CFCP  
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## Observations, Charting Patterns, & Biomarkers Summary

## Readings, Handouts, Supplements, & Forms To Complete

## Next FertilityCare Appointment, Physician Appt, & Referrals