

**LOGO**

**Full Name:** Jane Marie Thompson  
**Date of Birth:** February 14, 1990  
**Medical Record Number:** 00345678

**Patient Information**

Issued by Licensed healthcare Provider

Certificate of Pregnancy

[Space for stamp or embossed seal]

**Provider’s Full Name:** Dr. Emily Rodgers, MD  
**Specialty:** Obstetrics & Gynecology **License Number:** IL-OBG-345679  
**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:** April 18, 2025

**Certifying Provider Information**

**Facility Name:** Willow Grove Family Health Clinic  
**Address:** 456 Meadow Lane, Springfield, IL 62704  
**Phone Number:** (217) 555-0198  
**Email (optional):** [contact@contact.org](mailto:contact@contact.org)

**Healthcare Provider Information**

**Estimated Date of Conception:** January 10, 2025  
**Estimated Due Date (EDD):** October 17, 2025  
**Gestational Age (as of today):** 27 weeks, 2 days  
**Type of Pregnancy:** Singleton  
**Complications (if any):** None reported at this time

**Pregnancy Information**