

To receive your **\$25** Gift Card, you must visit your provider or midwife within 3-8 weeks after delivery.

Your Date of Delivery was on			
Your new-mother check-up must be between			and



1. Have your provider complete the ticket below when you go in for your new-mother check-up.
2. Return it in the enclosed envelope or have your provider fax it to **(415) 615-4547**.

Please send my free book and \$25 Gift Card for (check one):

Member Information	Please have your provider complete this section
Member Name:	Date of postpartum Check Up: (See timeline above)
Street Address	Clinic/Provider Name:
City:	Clinic/Provider Phone Number: () -
State: Zip:	Clinic/Provider Signature or Stamp:
Birth Date:	
SFHP ID#:	

For more information call
(800) 288-5555
 Monday–Friday 8:30am to 5:30pm

