

HWCA Providers

Welcome to our Obstetrical and Gynecology practice. We are pleased you have chosen to trust your healthcare to our team. All of our providers are females who specialize in expert compassionate care of women's obstetrical and gynecological needs throughout their lifetime. Your appointment may be with one of our Obstetrical and Gynecologic physicians, a Nurse Practitioner, or Physician Assistant. Our goal is to provide you with the best quality health care for women of all ages.

OB and Gyn Physicians are medical doctors who have completed a residency program following medical school that specializes in the care of women. They are trained in both normal and complicated management of women's health care. Our physicians will always guide your care in the event of complications, hospitalization, or surgery.

A Nurse Practitioner (or NP) is an advanced practice nurse who has completed a program of intensive study following a bachelor's degree in nursing. Most have completed a masters program and some a doctorate. They are nationally certified and licensed by the state to practice as an advanced practice nurse. They can diagnose, treat, and prescribe medications. They do not deliver babies or perform surgeries, and if your care requires hospitalization, one of our doctors will manage your care. Our nurse practitioners are all experienced in the delivery of healthcare to women.

A Physician Assistants (or PA) is a nationally certified and state licensed medical professional. The majority of PAs receive a master's degree, which includes a three-year intensive training beyond a bachelor's degree. All of our Physician Assistants are experienced in women's health and can diagnose treat and prescribe medication. They do not deliver babies or perform surgery. If your care requires hospitalization or surgery, one of our doctors will manage your care.

At the time of your visit, you should be aware of the type of provider you will be seeing. When scheduling your appointment you may request to see a different provider. Please indicate by signing below that you understand the above information.

Signature

Date