

Consent for Artificial Insemination with Partner's Semen

[Notary Page for: Consent for Artificial Insemination with Partner's Semen]

STATE of _____)
) :SS
COUNTY of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, referred to in this consent form as "Patient".

My commission expires: _____ .

Notary Public

STATE of _____)
) :SS
COUNTY of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, referred to in this consent form as "Partner".

My commission expires: _____ .

Notary Public



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Form No. ROH.550 (Created 5/15) *OB0481*

1 Copy - Medical Record 1 Copy - Patient 1 Copy - Partner



Affix Patient Label

Patient's Initials _____

Partner's Initials _____