

Consent for Artificial Insemination: Anonymous Donor

Physician Attestation

The above mentioned patient and partner (if applicable) have been informed and counseled by me and others regarding the risks and benefits of the relevant treatment option, including non-treatment. The patient and partner (if applicable) expressed understanding of the information presented during the discussion.

Physician Signature Date

Physician Printed Name

[Notary Page to Follow]



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Form No. ROH.541 (Created 5/15) *OB0481*

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



Affix Patient Label

Patient's Initials _____

Partner's Initials _____

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[Notary Page for: Consent for Artificial Insemination: Anonymous Donor]

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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Affix Patient Label

Patient's Initials _____
Partner's Initials _____