Consent for Artificial Insemination: Known Donor

		(Dationt) hoing over t	he are of twenty one years do hereby request and outhorize Dr
		er/his designee(s) to inject	he age of twenty-one years, do hereby request and authorize Dr.
		(Known Donor).	, the prepared semen
The physici	an may employ such ass	sistance as may be necessa	ry for the purpose of accomplishing the artificial insemination. I am tion will promote my mutual happiness and well-being.
		at artificial insemination nncy will result from the art	nay be necessary and that the physician does not warrant or guarantee ificial insemination.
To induce t	he physician to render t	he services herein request	ed, I agree that:
a)	officers, and contract may result from comp or from the heredity of	ors ("the Releasees") from dications of childbirth or d or hereditary tendencies of	Physicians, Inc., and their respective employees, agents, directors, any and all liability and responsibility of any nature whatsoever which elivery or from the birth of an infant or infants abnormal in any respect, such issue, or from any other adverse consequences which may arise insemination herein authorized.
b)	for or on account of a Although reasonable	ny matter or thing which n	f any kind, and refrain from aiding anyone else in bringing legal action night arise out of the artificial insemination herein contemplated. ed, we acknowledge that there is a risk of being infected by diseases adrome).
c)	losses or expenses inc claim, legal action or	curred by any of the Releas defense thereto arising out	or any attorney's fees, court costs, damages, judgements, or any other ees or for which any Releasee might be responsible with respect to any tof the artificial insemination hereby requested, including any claim or ulting from the artificial insemination.
d)	to the medical proced	lures described in the Cons	ttendant risks and consequences of our participation, we each consent sent Form. We each acknowledge and affirm that we have given our ut coercion or compulsion and of our own free will.
Patient's	Signature	Date	
Patient's F	Printed Name		
The above	eatment options, includ		and counseled by me and others regarding the risks and benefits of the sband and wife expressed understanding of the information presented
Physician S	ignature	Date	
Physician P	rinted Name		



Consent for Artificial Insemination: Known Donor, Patient Form No. ROH.545 (Created 5/15) *OB0481*



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[Notary Page to Follow]

Consent for Artificial Insemination: Known Donor

[Notary Page for: Consent for Artificial Insemination: Known Donor, Patient]

STATE of)	.cc					
COUNTY of)	:SS					
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					



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Affix Patient Label