

Consent for Artificial Insemination: Known Donor

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

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



Consent for Artificial Insemination: Known Donor, Patient

Form No. ROH.545 (Created 5/15) *OB0481*

1 Copy - Medical Record 1 Copy - Patient



Affix Patient Label

Patient's Initials _____