



Consent for Treatment

I hereby voluntarily consent to outpatient treatment and care from NCCRM. This care includes, routine diagnostic procedures which includes but is not limited to routine laboratory tests (such as blood, urine and other studies) and ultrasounds. This care also includes examinations and medical treatment for which could include administration of medications. Routine laboratory testing could include testing for sexual transmitted diseases including HIV, the virus that causes AIDS. I understand that if I choose to decline testing for these tests and need to notify the staff if I choose to decline testing. Should I decline testing, this could cause NCCRM to refuse certain treatments as these tests are necessary for our andrology/embryology lab due to certain FDA regulations and guidelines.

I agree and understand. This form will remain in effect as long as I receive medical care at NCCRM.

Patient Signature

Date

Received by: Staff Member Signature

Date