



**Damien Fertility Partners
Consent for Medical Evaluation and Care**

I have scheduled an appointment at the office of Damien Fertility Partners for the purpose of receiving a medical evaluation, a medical/physical examination, ultrasound evaluation/exam and medical care. I consent to the performance of these evaluations and procedures by Dr. Miguel Damien and Dr. Daniel Kort and the nursing staff of Damien Fertility Partners. I acknowledge that I have personally chosen to attend my appointment for the purpose of these evaluations and exams so that I may receive appropriate medical care. I further acknowledge that if I schedule future appointments or proceed with the recommended treatment plan and testing, I consent to the performance of additional medical/physical examinations, ultrasound evaluations/exams and medical care performed by Dr. Miguel Damien, Dr. Daniel Kort and the nursing staff of Damien Fertility Partners.

Patient Signature

Print Patient Name

Date