



**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, Dr. Emily Holden, Dr. Nina Seigelstein, 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. Emily Holden, Dr. Nina Seigelstein, and the nursing staff of Damien Fertility Partners.

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Patient Signature

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Print Patient Name

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Date