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PATIENT TREATMENT CONSENT

In an effort to fulfill our Mission of being an academic teaching facility, IVF Florida Reproductive Associates will, from time to time, involve medical students and resident physicians in the patient care process. If you have any concerns or do not want a medical student or resident physician to observe your care and/or medical record, please inform your physicians nurse.

Patient Name - Printed

Signature of Patient

Date

Witness Name- Printed (STAFF USE ONLY)

Witness Signature (STAFF USE ONLY)

Revised 3/2021