



California Center for Reproductive Health

16550 Ventura Blvd., Suite 400, Encino, CA 91436

***INFORMED CONSENT TO BE TREATED BY THE CALIFORNIA CENTER FOR REPRODUCTIVE HEALTH,
ELIRAN MOR, MD AND IRENE WOO, MD***

I hereby authorize Eliran Mor, MD, and Irene Woo, MD, the California Center for Reproductive Health, and/or designated physicians/assistants, to provide me with medical care/be my physician(s). I understand that this is a general consent for medical evaluation/care/treatment and that additional consents may be required for more specific medical treatments and/or procedures.

Signature

Date

Print Name