



California Center for Reproductive Health

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

DECLARATION OF VOLUNTARY PARTICIPATION AND ABSENCE OF SOLICITATION

We, _____ (patient) and _____ (partner) hereby declare that we are obtaining infertility and any infertility or obstetrical or gynecological related treatment(s) voluntarily from Dr. Mor and/or Dr. Woo out of our own free will and without any solicitation from Dr. Mor, Dr. Woo or any of their associates, employees, employer or agents.

Initial

Initial

We also declare that we voluntarily sought out Dr. Mor and/or Dr. Woo for their medical services WITHOUT ANY SOLICITATION OR INDUCEMENT of anyone or any entity.

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We chose Dr. Mor and/or Dr. Woo as our physician as a personal choice, and were not solicited to leave any other physician or practice in any way or by anyone or any entity.

Initial

Initial

Patient Name

Patient Signature

Date

Patient Name

Patient Signature

Date