

CONSENT TO THAW FROZEN EGGS

I hereby give my permission to Boston IVF to thaw my frozen eggs which will then be fertilized and transferred into my uterus to establish a pregnancy.

I have been give the opportunity to ask questions, which have been answered to my satisfaction by Boston IVF.

This consent must be signed/witnessed and is valid for embryo transfer(s) 120 days from the date below.

It is required that you have this document witnessed at Boston IVF, if unable because of distance the default is to have this document officially notarized.

Signature of Patient	Signature of BIVF Witness or Notary
Printed Name	Printed Name of BIVF Witness or Notary
Date of Birth	ID Type
Telephone #	ID Number and Exp Date
Date	
(State)	

On this ____ day of _____, 201____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the proceeding or attached document in my presence.

Notary Public

