



**FERTILITY
SOLUTIONS**

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Authorization:

Date: _____ Printed Name of authorized parent or legal guardian: _____

Signature of the above authorized parent or legal guardian:

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Child/Children: _____

Name, Age and Date of Birth of Minor Child/Children:

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____