Reproductive Health & Wellness Center

DECLARATION OF VOLUNTARY PARTICIPATION AND ABSENCE OF SOLICITATION

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

Initial _____ Initial_____

We also declare that we voluntarily sought out Rosencrantz for their medical services WITHOUT ANY SOLICITATION OR INDUCEMENT of anyone or any entity.

Initial _____ Initial_____

We chose Dr. Rosencrantz 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's Name	**Patient's Signature**	**Date**
Partner's Name	**Partner's Signature**	**Date**
RHWC staff	**RHWC Signature**	**Date**