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Authorization for Hysterectomy

OB/GYN Associates would like to inform you that hysterectomies are only paid if certain criteria are met. This document must be read signed and dated by you, the client.

I have been informed verbally and in writing that the hysterectomy will render me incapable of reproducing. I was informed of these consequences prior to the surgery being performed.

Signature: _____

Date: _____

Witnessed: _____

Date: _____