JIM THOMPSON, M.D.



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TERMINATION OF STORAGE AND DISPOSAL OF EMBRYOS - DIRECTIVE

I/we the undersigned request that The Fertility Center of New Mexico, TFCNM, no longer store my/our cryopreserved embryo(s).

DIRECTIVE TO TERMINATE STORAGE OF EMBRYOS

<u>ALL</u> CRYOPRESERVED EMBRYOS TO BE RELEASED TO TFCNM FOR DISPOSAL BY LABORATORY PERSONNEL

PATIENT:	Initials:	
PARTNER:	Initials:	
disposed. I/we have read, understand	and accept all terms of tl	stored cryopreserved embryos will be his document in full, have had and agree to be bound thereby.
All signatures <u>MUST</u> be No	tarized	
Patient Name (print)		DOB
Patient Name (signature)		Date
Partner Name (print)		DOB
Partner Name (signature)_		Date
Notary:		Date
Please return the signed T	ermination Form to TF	CNM at info@nmfertility.com
OFFICE USE ONLY	1	
Reviewed/Released/Approv		