

Medical practitioner's statement



About this statement

This statement should be completed by a medical practitioner in order to certify that the patient named in section 1 is, or is likely to become, prematurely infertile.

1 Medical practitioner's statement

I certify that the person named below is, or is likely to become prematurely infertile.

Explain the reasons for this

Name of patient

2 Medical practitioner's details

Your full name

Your position

Your work address

 Postcode

Other contact details

3 Medical practitioner's signature

Medical practitioner's signature

Date

For clinic use only

Patient number