







Insemination Therapy Consent Form

I give my husband's consent to have sexual intercourse with the insemination therapist

I will communicate my sincere sexual desires to the Insemination Therapist during the course of this treatment.

I agree to wear a mask during the procedure to ensure privacy and to distinguish it from private sexual intercourse.

I will follow the directions of the Insemination Therapist and will not refuse or interrupt any sexual activity during the procedure.

Name _ 柏森京子 _ Spouse's Name _ 焰森

























