## Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



## **Conventional Surrogacy – Surrogate Packet Review Consent Form**

I have read the prov	vided information on the	following treatment(s)/proc	edure(s):
☐ Convention ☐ Convention Consent Fo ☐ Consent fo ☐ Testing Fo	nal Surrogate Consent I nal Surrogate Intra-Ute orm r Criminal History Che r Sexually Transmitted sion Sonography (SIS)	rine Insemination (CS-IU) ck Diseases	
☐ Urinary Ll☐ Human Ch☐ Intra-Uteri☐ Early Preg	H Monitoring During Norionic Gonadotropin (ine Insemination (IUI) Inancy Patient Instructi		itrate Induction Cycles n
has recommended t made that they will particular situation	these operations, treatme be successful. I have als		
		nt information packet(s), and have had them answered	nd I have had an opportunity to lead to my satisfaction.
		ith the use of the medication with the above treatment(s)	on(s) and/or the performance of and procedure(s).
		<del></del>	
Surrogate	Date	Physician	Date
	/ /		
Witness			

Copyright © 2003, Specialists In Reproductive Medicine & Surgery, P.A., Web Site: www.DreamABaby.com, E-Mail: Fertility@DreamABAby.com

K:\Docs\Forms\Conventional Surrogacy - Surrogate Packet Review Consent Form.doc