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

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Excellence, Experience & Ethics

I have read the provided information on the following treatment(s)/procedure(s):



## Frozen Embryo Transfer Packet Review Consent Form

□ Dream Discount Plus Consent □ Frozen Embryo Transfer Price List □ Consent For Frozen Embryo Transfer □ Natural Cycle Frozen Embryo Transfer Patient Instructions □ Urinary LH Monitoring during Frozen Embryo Transfer Cycles □ Progesterone Therapy Patient Information □ Dream Discount Plus Program Flyer □ Frozen Embryo Transfer (FET) Replacement Cycle Protocol Patient Instructions □ Progesterone Therapy Patient Information □ Progesterone Therapy Patient Information □ Dream Discount Plus Program Flyer  understand that the practice of medicine is not an exact science. I understand that whas recommended these operations, treatments and procedures for my condition, no guade that they will be successful. I have also received information on alternative opticarticular situation, including no treatment. I have neither asked for nor received any gromises as to the results to be obtained.  have read and understand the above patient information packet(s), and I have had sk questions regarding the above topic(s) and have had them answered to my satisfact accept the possibility of complications with the use of the medication(s) and/or the articular procedure(s) and wish to proceed with the above treatment(s) and procedures.	Ovulatory Patents  ructions  Anovulatory Patents
Consent For Frozen Embryo Transfer  Natural Cycle Frozen Embryo Transfer Patient Instructions Urinary LH Monitoring during Frozen Embryo Transfer Cycles Progesterone Therapy Patient Information Dream Discount Plus Program Flyer  Frozen Embryo Transfer (FET) Replacement Cycle Protocol Patient Instruction Estrogen Patient Information Progesterone Therapy Patient Information Dream Discount Plus Program Flyer  understand that the practice of medicine is not an exact science. I understand that whas recommended these operations, treatments and procedures for my condition, no guade that they will be successful. I have also received information on alternative opticarticular situation, including no treatment. I have neither asked for nor received any stromises as to the results to be obtained.  have read and understand the above patient information packet(s), and I have had sk questions regarding the above topic(s) and have had them answered to my satisfact accept the possibility of complications with the use of the medication(s) and/or the	Ovulatory Patents
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