Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics

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



PGD-ART Packet Review Consent Form

| ☐ Dream Discount Plu | Dream Discount Plus Program Flyer | | | |
|---|---|--|---|--|
| ☐ PGD-ART Price List | J PGD-ART Price List | | | |
| ☐ Dream Discount Plu | ☐ Dream Discount Plus Program Consent | | | |
| ☐ Patient Information Summary Assisted Reproductive Technologies | | | | |
| ☐ Patient Consent for Therapy Assisted Reproductive Technologies | | | | |
| ☐ Consent For Cryopreservation of Embryos | | | | |
| ☐ Semen Analysis & S | Sperm Antibody So | creen Patient Information | | |
| ☐ PGD-ART Packet F | Review Consent Fo | orm (this form) | | |
| ☐ Lupron [®] & Synarel | ® Patient Informa | tion | | |
| ☐ Ovarian Superovulation Injectable Medications General Information | | | | |
| ☐ ASRM Fact Sheet, Side Effects of Gonadotropins | | | | |
| ☐ Antibiotic Therapy | | <u>=</u> | | |
| ☐ Ganirelix Acetate In | _ | | | |
| | • | G) Patient Information | | |
| ☐ Progesterone Thera | - : | | | |
| Ovarian Hyperstim | | | | |
| ☐ ART Glossary of Terms | | | | |
| recommended these operation will be successful. I have also no treatment. I have neither a I have read and understand | ns, treatments and poreceived informations asked for nor received the above patient | an exact science. I understand that who procedures for my condition, no guarantion on alternative options for my partied any guarantee or promises as to the information packet(s), and I have I had them are uneverted to my satisfaction | ntee can be made that they cular situation, including results to be obtained. | |
| I accept the possibility of co | mplications with th | had them answered to my satisfaction he use of the medication(s) and/or the e treatment(s) and procedure(s). | | |
| | / / | | / / | |
| Patient Name (print) | // Date | Patient Name (signature) | Date | |
| • | | , | | |
| | / | | / | |
| Guardian (if necessary) | Date | Witness | Date | |
| | / / | | | |
| Practitioner | Date | | | |
| Updated: 02/03/2016 | | | | |

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