

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

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*Excellence, Experience & Ethics*



## CC-IUI Packet Review Consent Form

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

- Prepayment Of All Insemination Procedures Now Required
- Clomiphene Citrate-IUI Price List
- Clomiphene Citrate General Information

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- CC-IUI-Consent Form (this form)
- Urinary LH Monitoring During Natural & Clomiphene Citrate Induction Cycles
- Human Chorionic Gonadotropin (HCG) Patient Information
- Intra-Uterine Insemination (IUI) Patient Information
- Progesterone Therapy Patient Information
- Early Pregnancy Patient Instructions

I understand that SRMS is a medical practice pursuant to the rules and regulations of the Florida Board of Medicine. I understand that the practice of medicine is not an exact science. I understand that while my physician has recommended these operations, treatments and procedures for my condition, no guarantee can be made that they will be successful. I have also received information on alternative options for my particular situation, including no treatment. I have neither asked for nor received any guarantee or promises as to the results to be obtained.

I have read and understand the above patient information materials, and I have had an opportunity to ask questions regarding the above topics and have had them answered to my satisfaction.

I accept the possibility of complications with the use of the medications and/or the performance of particular procedures and wish to proceed with the above treatments and procedures.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient Name (print)      Date      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient Name (signature)      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian (if necessary)      Date      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Witness      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Practitioner      Date

Updated: 2/14/2010

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