

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Consent for Frozen Embryo Transfer *Assisted Reproductive Technologies*

We _____ and _____
agree to have Specialists in Reproductive Medicine & Surgery, P.A. (SRMS) transfer some or all of
our cryopreserved embryos.

We understand that not all of the embryos will necessarily survive the freeze/thaw process. While
SRMS certainly values our desires, we leave it to the sole discretion of SRMS and the Assisted
Reproductive Technologies Team to determine how many of the embryos will be thawed for transfer
on this cycle.

We understand that a new consent will be requested for each individual frozen embryo transfer cycle
performed.

_____ Woman's Signature	_____ Woman's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ Nurse Coordinator Signature	_____ Nurse's Name (print)	____/____/____ Date
_____ Practitioner's Signature	_____ Practitioner's Name (print)	____/____/____ Date

Updated 1/22/2009

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