Congratulations on your delivery!

We here at Specialists In Reproductive Medicine & Surgery are very proud to have played a role in your pregnancy. We hope that these next few months will be filled with anticipation and joy.

We have a couple of requests. First, we are mandated by Federal statutes to obtain confirmation of the delivery data on all of our Assisted Reproductive Technology (ART) pregnancies. Your delivering physician will also be asked to forward some information (separate sheet).

**For ART/IVF Pregnancies ONLY:**

- A copy of the *Birth Certificate(s)* [Legal copy not necessary]
- A copy of the *Birth Announcement*

**For All Pregnancies:**

Patient Name: ________________________________

Delivery Date: ________________

- Singleton Delivery
- Twin Delivery
- Triplet Delivery

Baby’s Vital Statistics

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<tr>
<th></th>
<th>Weight</th>
<th>Length</th>
<th>Sex</th>
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<tbody>
<tr>
<td>First Delivered Child</td>
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<tr>
<td>Second Delivered Child</td>
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<tr>
<td>Third Delivered Child</td>
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Were there any complications during pregnancy, delivery or the neonatal period?
- Yes  No

If yes, please explain: __________________________________________________________
_____________________________________________________________________________

Are there any physical defects with the baby or babies?
- Yes  No

If yes, please explain: __________________________________________________________
_____________________________________________________________________________
Lastly, we would really appreciate a picture of your child and/or a picture of the happy family. In fact, we have a number of ideas regarding the utilization of these photographs and a possible story outlining your difficult journey (see the following page).

Sometimes we simply place the pictures in our digital frames. You may recall how optimistic you felt when viewing beautiful pictures in the office. Occasionally, we use the pictures for research, and with permission, publications and promotions. Thank-you cards are often placed out in the front lobby for all patients to read. We have been told that they helped others secure hope during difficult times.

With your permission, we would like to expand our web site to include some of the photographs and stories of the families we became so close to. If you are willing, we would like to share your story on the web. If you would like to have your journey told, please include your story with your pictures and sign the enclosed consent. Your words of wisdom, humor and encouragement may help other couples achieve their goals.

We reserve the right to modify any story that you submit for grammatical corrections and/or length. Due to space constraints, we may not be able to publish all stories.

Lastly, if you have your own personal web page or a business web page that you would like to have listed with your story, please include these links. We will try to notify you of the final publication of your story.

Our greatest personal reward was earning your trust, confidence and respect. It was wonderful taking care of you!

Photography/Video/Story Consent

We agree to the following with the enclosed of photographs, slides, videos and any other digital or written materials we have provided to Specialists In Reproductive Medicine & Surgery, P.A.

Specific medical details, including our names and/or the names of our children, will not be included in any publications or promotions without our express consent as provided below.

These photographs/videos/birth announcements/thank you cards/slides and/or written stories may be used for general documentation of our medical records, for educational purposes (i.e., publications and/or lectures at a national, state or local level), advertisements and printed collateral materials or promotions including, but not limited to any form of print or electronic media, slide shows, brochures or Web sites. We hereby waive all rights and claims for payment or royalties in connection with the use, publication or exhibition of the materials with the following limitations:

Choose ONE of the following if you have included pictures/birth announcements or thank you cards:

<table>
<thead>
<tr>
<th>Options</th>
<th>Parent(s) Initials and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please place the enclosed pictures/birth announcement/Thank You card only in our digital frames or in the waiting room.</td>
<td>----------------------------</td>
</tr>
<tr>
<td>You may use any included pictures/birth announcement/Thank You card for the digital frames, presentations, educational work, advertisements and printed collateral materials, and/or promotions.</td>
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</table>
Consent for Photography/Video/Story (cont.)

Choose ONE of the following if you have included your story:

<table>
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<tbody>
<tr>
<td>Please consider publishing our story including, but not necessarily limited to, the practice web site. Please do <strong>not</strong> use our real names in the story.</td>
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__________________________  ____________________________  __/___/___
Patient’s Signature        Patient’s Name (Print)               
__________________________  ____________________________  __/___/___
Partner’s Signature         Partner’s Name (Print)               
__________________________  ____________________________  __/___/___
Physician’s Signature       Physician’s Name (Print)   

Updated: 4/10/2014
K:\docs\forms\Consent for Photography-Video-Stories.doc
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