

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

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*Excellence, Experience & Ethics*



## Conventional Surrogacy – Commissioning Couple- Intended Parent Packet Review Consent Form

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

- Southwest Florida Surrogacy Program General Patient Information
- Conventional Surrogacy Price List
- Cryopreservation of Sperm in Conventional Surrogacy Procedures
- Conventional Surrogacy-Commissioning Couple-Intended Parent Consent for Therapy
- Cryopreservation of Sperm in Conventional Surrogacy Consent Form

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- Conventional Surrogacy – Commissioning Couple/Intended Parent Packet Review Consent Form (this form)
- Commissioning Couple/Intended Parent Intra-Uterine Insemination General and Monthly Consent Form
- Consent for Criminal History Check
- Testing For Sexually Transmitted Diseases
- Notification of New Genetic Concerns By the Commissioning Couple/Intended Parent
- ART Glossary of Terms

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

I/We have read and understand the above patient information packet(s), and have had an opportunity to ask questions regarding the above topic(s) and have had them answered to my satisfaction.

I/We accept the possibility of complications with the use of the medication(s) and/or the performance of particular procedure(s) and wish to proceed with the above treatment(s) and procedure(s).

_____ Intended Parent Signature	_____ Intended Parent Name (Please Print)	____/____/____ Date:
_____ Partner's Signature (When Applicable)	_____ Partner's Name (Please Print)	____/____/____ Date:
_____ Physician's Signature	_____ Physician's Name (Please Print)	____/____/____ Date:

Updated: 2/7/2010

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