

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Conventional Surrogacy – Surrogate 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 Surrogate Consent For Therapy
- Conventional Surrogate Intra-Uterine Insemination (CS-IUI) General and Monthly Consent Form
- Consent for Criminal History Check
- Testing For Sexually Transmitted Diseases
- Saline Infusion Sonography (SIS) Patient Information
- ART Glossary of Terms

- Conventional Surrogacy – Surrogate Packet Review Consent Form (This Form)
- Urinary LH Monitoring During Natural and Clomiphene Citrate Induction Cycles
- Human Chorionic Gonadotropin (HCG) Patient Information
- Intra-Uterine Insemination (IUI) Patient Information
- Early Pregnancy Patient Instructions
- Notification of New Genetic Concerns By The Conventional Surrogate

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 packet(s), and I have had an opportunity to ask questions regarding the above topic(s) and have had them answered to my satisfaction.

I 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).

_____/_____/_____
Surrogate Date

_____/_____/_____
Physician Date

_____/_____/_____
Witness Date

Updated 1/22/2009

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