

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Cryopreservation of Sperm In Conventional Surrogacy Consent Form

I/We understand that the practice of medicine is not an exact science. I understand that my physician has recommended Cryopreservation of sperm that no guarantee has been made that the procedures will be successful.

I/We have reviewed the Cryopreservation of Sperm In Conventional Surrogacy Procedures and have had an opportunity to ask questions regarding the topic of cryopreservation and have had them answered to my satisfaction.

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.

_____/_____/_____
Commissioning Adult Date Physician Date

_____/_____/_____
Commissioning Adult Date Witness Date

Updated: 5/8/2009

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