

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

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*Excellence, Experience & Ethics*



## Frozen Embryo Transfer Packet Review Consent Form

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

- Frozen Embryo Transfer Packet Review Consent Form (this form)**
- Dream Discount Plus Consent**
- Frozen Embryo Transfer Price List**
- Consent For Frozen Embryo Transfer**

*General Information*

- Natural Cycle Frozen Embryo Transfer Patient Instructions**
- Urinary LH Monitoring during Frozen Embryo Transfer Cycles**
- Progesterone Therapy Patient Information**
- Dream Discount Plus Program Flyer**

*Ovulatory Patents*

- Frozen Embryo Transfer (FET) Replacement Cycle Protocol Patient Instructions**
- Lupron® & Synarel® Patient Information**
- Estrogen Patient Information**
- Progesterone Therapy Patient Information**
- Dream Discount Plus Program Flyer**

*Anovulatory Patents*

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).

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient                      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Practitioner                      Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Witness                      Date

Updated: 02/03/2016

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