

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Gestational Surrogacy Surrogate Packet Review Consent Form

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

- Gestational Surrogacy Surrogate Packet Review Consent Form (this form)**
- Southwest Florida Surrogacy Program General Patient Information**
- Gestational Surrogate Consent For Therapy**
- Consent for Criminal History Check**
- Testing For Sexually Transmitted Diseases**
- Diagnostic Hysteroscopy Patient Information**
- Antibiotic Therapy During ART General Information**
- Progesterone Therapy Patient Information**
- Corticosteroid Therapy General Information**
- Early Pregnancy Patient Instructions**
- ART Glossary of Terms**

General Information

- Natural Cycle Frozen Embryo Transfer Patient Instructions**
- Urinary LH Monitoring During Frozen Embryo Transfer Cycles**
- Human Chorionic Gonadotropin (HCG) Patient Information**
- FET Agreement in Gestational Surrogacy General and Monthly Consent Form**

Ovulatory Patients

- Lupron® & Synarel® Patient Information**
- Estrogen Patient Information**

Anovulatory Patients

I/We understand that the practice of medicine is not an exact science. I/We 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/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/our 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).

_____/_____/_____
Gestational Surrogate Date

_____/_____/_____
Partner (When Applicable) Date

_____/_____/_____
Witness Date

_____/_____/_____
Physician Date

Updated: 2/7/2010

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