

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



TDI-IUI Packet Review Consent Form

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

- Prepayment Of All Insemination Procedures Now Required
 - Therapeutic Donor Insemination Price List
 - Therapeutic Donor Insemination Patient Information
 - Disclosure-Acknowledgment-Waiver Donor Insemination Procedures With Lesbian Couples
 - Consent for Criminal History Check
-
- TDI-IUI Consent Form (this form)
 - Therapeutic Donor Insemination Patient Checklist
 - Therapeutic Donor Insemination (TDI) General and Monthly Consent Form
 - Urinary LH Monitoring During Natural & Clomiphene Citrate Induction Cycles
 - Intra-Uterine Insemination (IUI) Patient Information
 - Early Pregnancy Patient Instructions

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.

_____/____/____
Patient Name (print) Date

_____/____/____
Patient Name (signature) Date

_____/____/____
Guardian (if necessary) Date

_____/____/____
Witness Date

_____/____/____
Practitioner Date

Updated: 2/14/2010

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12611 World Plaza Lane, Bldg. 53 • Fort Myers, Florida 33907 • 239-275-8118 • 239-275-5914 fax