

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

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*Excellence, Experience & Ethics*



## Egg Recipient Packet Review Consent Form

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

- Egg Recipient General Information**
- Dream Discount Plus Program Flyer**
- Egg Recipient Price List**
- Dream Discount Plus Program Consent**
- Egg Recipient Consent For Therapy**
- Consent For Cryopreservation of Embryos**
- ART Glossary of Terms**

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- Egg Recipient Packet Review Consent Form (this form)**
- Semen Analysis & Anti-Sperm Antibody Screening Patient Information**
- Estrogen Patient Information**
- Antibiotic Therapy During ART General Information**
- Progesterone Therapy Patient Information**
- Egg Recipient Protocol Patient Instructions**

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- Egg Donor Packet (Entire packet is to be reviewed by recipient.)**

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 Name (print)	____/____/____ Date	_____ Patient Name (signature)	____/____/____ Date
_____ Guardian (if necessary)	____/____/____ Date	_____ Witness	____/____/____ Date
_____ Practitioner	____/____/____ Date		

Updated: 06/30/2017

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