

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Conventional Surrogacy – Commissioning Couple-Intended Parent Packet Review Consent Form

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

- Dream Discount Plus Program Flyer
- Southwest Florida Surrogacy Program General Patient Information
- Conventional Surrogacy Price List
- Cryopreservation of Sperm in Conventional Surrogacy Procedures
- Conventional Surrogacy-Commissioning Couple-Intended Parent Consent for Therapy
- Cryopreservation of Sperm in Conventional Surrogacy Consent Form

- Conventional Surrogacy – Commissioning Couple/Intended Parent Packet Review Consent Form (this form)
- Commissioning Couple/Intended Parent Intra-Uterine Insemination General and Monthly Consent Form
- Consent for Criminal History Check
- Testing for Sexually Transmitted Diseases
- Notification of New Genetic Concerns By the Commissioning Couple/Intended Parent
- ART Glossary of Terms
- Infertility Financial Agreement

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

Intended Parent Signature

Intended Parent Name (Please Print)

____/____/____
Date:

Partner's Signature (When Applicable)

Partner's Name (Please Print)

____/____/____
Date:

Physician's Signature

Physician's Name (Please Print)

____/____/____
Date:

Updated: 1/13/2021

K:\Docs\Forms\Conventional Surrogacy - Commissioning Couple-Intended Parent Packet Review Consent Form.doc

Copyright © 2003, Specialists In Reproductive Medicine & Surgery, P.A., www.DreamABaby.com, E-Mail: Fertility@DreamABaby.com

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