Gestational Surrogacy Surrogate Packet Review Consent Form, EDI

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

- ❒ **Gestational Surrogacy Surrogate Packet Review Consent Form, EDI (This form)**
- ❒ **Southwest Florida Surrogacy Program General Patient Information, EDI**
- ❒ **Recipient General Consent for Donated Embryos, EDI**
- ❒ **Gestational Surrogate Consent For Therapy, EDI**
- ❒ **FET Agreement in Gestational Surrogacy General and Monthly Consent Form, EDI**
- ❒ **Consent for Criminal History Check, EDI**
- ❒ **Testing For Sexually Transmitted Diseases, EDI**
- ❒ **Diagnostic Hysteroscopy Patient Information**
- ❒ **Lupron & Synarel Patient Information, EDI**
- ❒ **Estrogen Patient Information, EDI**
- ❒ **Replacement Cycle FET-FDET Worksheet, EDI.pdf**
- ❒ **Antibiotic Therapy During ART General Information**
- ❒ **Progesterone Therapy Patient Information**
- ❒ **Corticosteroid Therapy General Information**
- ❒ **Natural Cycle Frozen Embryo Transfer Patient Instructions**
- ❒ **Urinary LH Monitoring During Frozen Embryo Transfer Cycles**
- ❒ **ART Glossary of Terms**

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

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