Embryo Donation Recipient Frozen Embryo Transfer Packet Review Consent Form

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

- Embryo Donation Recipient Frozen Embryo Transfer Packet Review Consent Form (this form)
- Recipient General Consent for Donated Embryos
- Embryo Donation Recipient General Information
- Frozen Donor Embryo Transfer Price List
- Monthly Consent for Frozen Donor Embryo Transfer
- Notification of Genetic Concerns by Embryo Donation Recipients
- ART Glossary of Terms

- Natural Cycle Frozen Embryo Transfer Patient Instructions
- Urinary LH Monitoring During Frozen Embryo Transfer Cycles
- Antibiotic Therapy During ART General Information
- Progesterone Therapy Patient Information
- Corticosteroid Therapy General Information

- Frozen Embryo Transfer (FET) Replacement Cycle Protocol Patient Instructions
- Lupron™ & Synarel® Patient Information
- Estrogen Patient Information
- Antibiotic Therapy During ART General Information
- Progesterone Therapy Patient Information
- Corticosteroid Therapy General Information

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: 2/7/2010
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