



## Embryo Donation Recipient Frozen Embryo Transfer Packet Review Consent Form, EDI

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

- Embryo Donation Recipient General Information, EDI
- Frozen Donor Embryo Transfer Price List, EDI
- Recipient General Consent for Donated Embryos, EDI
- Re-Consent for Transfer of Donated Embryos, EDI
- Embryo Donation Recipient Frozen Embryo Transfer Packet Review Consent Form, EDI (this form)
- ART Glossary of Terms, EDI
- Antibiotic Therapy During ART, EDI
- Corticosteroid Therapy General Information, EDI
- Progesterone Therapy Patient Information, EDI
- Natural Cycle Frozen Embryo Transfer Patient Instructions, EDI
- Urinary LH Monitoring During Frozen Embryo Transfer Cycles, EDI
- Frozen Embryo Transfer (FET) Replacement Protocol Patient Instructions, EDI
- Lupron & Synarel Patient Information, EDI
- Estrogen Patient Information, EDI
- Replacement Cycle FET-FDET Worksheet, EDI
- Notification of Genetic Concerns by Embryo Donation Recipients, EDI

*General Information*

*Ovulatory Patients*

*Anovulatory Patients*

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		

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