



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

Updated: 4/2/2011

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