



Replacement Cycle FET-FDET Worksheet, EDI

Please bring this worksheet with you to each visit.

Patient Name: _____

*Day of Week	Day of Cycle	Date	Antibiotics	Lupron (cc's or Units)	Estradiol 1mg tab (by mouth)	Crinone 8% Vaginal Gel	Medrol 4mg	Evaluation
	1		Start One pill twice daily for 7 days	Drop to 0.1 ml or 10 units	One tab twice daily			E2 and US
	2				One tab twice daily			
	3				One tab twice daily			
	4				One tab twice daily			
	5				One tab twice daily			
	6				Two tabs twice daily			
	7				Two tabs twice daily			
	8		Finish		Two tabs twice daily			
	9				Two tabs twice daily			
	10				Two tabs three times daily			*US to Check Endometrial Lining one of these days <input type="checkbox"/>
	11				Two tabs three times daily			* <input type="checkbox"/>
	12				Two tabs three times daily			* <input type="checkbox"/>
	13			Last Lupron	Two tabs three times daily			* <input type="checkbox"/>
	14				Two tabs three times daily			* <input type="checkbox"/>
	15				Two tabs three times daily	Insert vaginally once in the afternoon		

	16				Two tabs three times daily	Insert vaginally twice per day (morning and evening)		
	17				Two tabs three times daily	Twice per day		
	18				Two tabs three times daily	Twice per day	Take 5 tabs with breakfast	
	19				Two tabs three times daily	Twice per day	Take 5 tabs with breakfast	
	20				Two tabs three times daily	One immediately after embryo transfer and 2 nd dose in evening	Take 5 tabs with breakfast	EMBRYO TRANSFER** Time: _____ AM/PM
	21				Two tabs three times daily Continue this dose until 10 weeks of pregnancy or until notified otherwise.	Twice per day Continue this dose until 12 weeks of pregnancy or until notified otherwise.	Take 5 tabs with breakfast	

- **Continue with the Crinone 8% gel twice per day until your blood pregnancy test and then if positive, until 12 weeks of pregnancy.**
- **Continue with the Estrace Two tabs taken three times daily until your blood pregnancy test and then if positive, until 10 weeks of pregnancy.**

**** Embryo Transfer**

On the day of the transfer, please eat and drink normally. Do not insert your Crinone gel the morning of your transfer. Insert when you arrive home. Following the transfer, you will be asked to rest for 30 minutes in the office and then you will remain at bedrest at home for the rest of that day and the following day. You may get up to use the toilet and be propped up on a bed or sofa to eat, read or watch television. **Relax, you deserve it!**

For the week following the transfer, your activities should be very limited, without any heavy Lifting, pushing or vaginal intercourse. You may resume intercourse after this period of time.

If another physician prescribes medication to be taken following the transfer of embryos, please have the physician contact us before you take any medications.

Please do not smoke, drink alcohol or consume more than one caffeinated beverage each day following the transfer. Hot tubs and scuba diving are also to be avoided.

Your pregnancy test will be done on ___/___/___

[The Embryo Donation International team wishes you the best of luck!](#)