



**Gestational Surrogacy Commissioning Couple-Intended Parent
Packet Review Consent Form, EDI**

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

- Southwest Florida Surrogacy Program General Patient Information, EDI**
- Gestational Surrogacy Price List, EDI**
- Gestational Surrogacy Commissioning Couple-Intended Parent Consent For Therapy, EDI**
- Intended Parent Stipulation Agreement, EDI**
- Consent For Criminal History Check, EDI**
- FET Agreement In Gestational Surrogacy Procedures (Monthly Consent Form), EDI**
- Gestational Surrogacy Commissioning Couple-Intended Parent Packet Review Consent Form (this form)**
- ART Glossary of Terms**

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
Practitioner	____/____/____ Date	Witness	____/____/____ Date

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