

INFORMED CONSENT FOR NUMBER OF EMBRYOS TRANSFERRED

Patient Name _____

Partner Name _____

After counseling and discussion with my/our physician(s) at South Jersey Fertility Center, I/we agree to have _____ embryos transferred into my uterus during this In-Vitro Fertilization cycle. I/We have been counseled by the physician(s) at South Jersey Fertility Center and understand the risks of multiple gestation (twins, triplets, quadruplets, etc.) and that this is a possible outcome if multiple embryos are transferred.

All of my/our questions and concerns regarding the number of embryos to transfer have been adequately addressed by my/our physician(s) at South Jersey Fertility Center.

Signature of Patient

Date

Signature of Partner

Date

Signature of Witness

Date