



## Consent for Egg Retrieval

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Print Patient's Name

Date

I, hereby authorize Nora Miller, MD to perform an egg retrieval for my *in vitro fertilization* (IVF) treatment. I understand the nature and purpose of this procedure. The doctor has explained to me alternative methods of treatment as well as the risks and possible complications of this procedure to my satisfaction.

I understand that the risks of an egg retrieval are less than 5% and include the possibility of bleeding, infection, adhesion formation, injury to the nearby pelvic organs including the bladder, bowel, ureters, blood vessels, nerves, fallopian tubes, cervix, uterus and vagina.

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Signature of Patient

Date

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Signature of Nora Miller, MD

Date