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***Reproductive Endocrinology
And Fertility (REI)***

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Consent for Infertility Services

Welcome to our practice! We are proud to state that most patients or couples that seek our help successfully achieved a pregnancy and eventually a baby to take home, some with more help from us than others. For example, having a tubal dye study may increase your chance of achieving a pregnancy even before we get a chance to really get started! And that is just fine with us, but it is usually not that simple.

Obviously the benefit of asking for our help would be to increase your chance of pregnancy and it may also reveal the cause of subfertility. These you should believe are worthwhile benefits. Invasive investigative procedures and therapies may be suggested and recommended if we believe the benefits outweigh the risks, as in any procedure or activity. (You took a risk driving here but thought it would be worth it, for example.) It is understood that you have the right to refuse any procedure or therapy if that is what you choose.

Invasive procedures might include: studies to look at your uterus and fallopian tubes, intrauterine inseminations and surgical procedures like operative laparoscopy or laparotomy (opening your abdomen). Complications from these procedures are uncommon but may include infection, bleeding, trauma to other usually adjacent organs, and rarely an operative procedure to treat any problems that may occur.

Our therapies may increase your risks of multiple gestations which may lead to other serious complications such as premature birth. The risk of twins is about 10% depending on the therapy.

Everyone has a relatively small chance of having a child with congenital abnormality, such as Down's syndrome. The risks of Down's syndrome increases with an increase in the mother's age. Congenital abnormalities may also increase if your blood sugar is high and not in control.

This consent is not intended to list all of the possible complications or risks that are unforeseen. We will take good care of you in any case, whether a complication occurs. Our goal is to give you the best patient experience possible.

In order for us to proceed, you must read and sign this consent acknowledging that you understand the benefits and risks. If you have questions, please feel free to ask. Again, welcome to our practice!

Patient Name (Please Print)

Patient Signature