



Instructional Videos Completion Form

Arizona Reproductive Medicine Specialists

A Family Building Families...

To schedule an appointment call: 602-343-ARMS (2767)

www.ArizonaFertility.com

FAX THIS FORM TO 602.343.2766

Patient Name: _____ DOB: _____
Partner Name: _____ DOB: _____

The following is intended to ensure that you have watched all necessary Instructional Videos meant to give you the appropriate information about IVF Risks.

In the Instructional Videos, Dr. Moffitt of Arizona Reproductive Medicine Specialists (ARMS), takes you through the Informed Consent process.

These videos are supplemental to the interpersonal contact that is the very basis of the doctor-patient relationship.

Please mark the appropriate box to indicate that you have watched the video:

- 1. IVF Risks – Informed Consent Introduction
- 2. IVF Risks – Reaction to Medications
- 3. IVF Risks – Egg Retrieval Complications
- 4. IVF Risks – Laboratory Risks
- 5. IVF Risks – Ovarian Hyperstimulation

I have watched and understood the videos listed above concerning the risks of IVF.

Patient Signature _____ Patient Name _____

Partner Signature _____ Partner Name _____

Arizona Reproductive Medicine Specialists
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