

The Fertility Center of Colorado

6160 Tutt Boulevard, Suite #210
Colorado Springs, CO 80922
Phone: (719) 636-0080

**CONSENT FOR ARTIFICIAL
INSEMINATION BY PARTNER**

Patient Name _____ SS# _____

Partner Name _____ SS# _____

This agreement is a contract made and to be performed at Colorado Springs, Colorado, between _____ ("Patient"), _____ ("Partner"), and the Fertility Center of Colorado (FCC).

We request that Eric H. Silverstein, M.D. and/or assistants perform AIH (Artificial Insemination utilizing husband's sperm) for the purpose of achieving pregnancy. We realize that not all patients who undergo AIH will achieve pregnancy and no guarantee of pregnancy has been represented to us. We understand that this will be a confidential procedure; however, medical records will indicate that AIH was performed and will be released with other medical records to other physicians, insurance companies, or other parties upon written authorization. We understand from the information obtained from patients in this program, and other programs that pregnancies achieved through AIH appear to be no different than pregnancies achieved through natural means, therefore, no guarantee can be made as to the satisfactory outcome of any pregnancy. We agree to submit information concerning the outcome of any pregnancy achieved through this program. We realize that no guarantee can be made concerning the health of any child conceived through, and born as a result of AIH. We realize that it is possible to transmit several venereal diseases including AIDS (acquired immune deficiency syndrome) through AIH.

We understand that the AIH procedure consists of:

1. Special preparation of the semen specimen; with
2. Placement of prepared sperm with a catheter inside the uterus.

We have been explained and understand the risks associated with AIH include, but are not limited to:

1. Possibility of infection, vaginal bleeding, and/or cramping.

Patient Signature _____ Date _____

Partner Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Witness Signature _____ Date _____