

**REPRODUCTIVE MEDICINE AND INFERTILITY ASSOCIATES**  
**Woodbury Medical Arts Building**  
**2101 Woodwinds Drive, Suite 100**  
**Woodbury, MN 55125**  
**(651) 222-6050**

**CONSENT FOR ASSISTED HATCHING**

Upon review of your medical records, the physician has recommended you undergo Assisted Hatching during your IVF cycle. **Please read the following paragraph** and, if desired, a brief consultation may be scheduled to discuss this recommendation prior to further treatment and evaluation.

Assisted Hatching, a procedure preceding embryo transfer, is done to enhance implantation of the embryos to the uterine wall. An opening is made in the eggshell surrounding the embryo, which helps the embryo break out of its eggshell and attach itself to the uterine wall. The current cost of Assisted Hatching is \$400.00.

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Our signatures below acknowledge that we have read the above letter, received answers to our questions, and indicate that we accept/decline the recommended procedure(s).

\_\_\_\_\_ We have decided to **accept** using Assisted Hatching for our IVF cycle.

\_\_\_\_\_ We have decided to **decline** using Assisted Hatching for our IVF cycle.

\_\_\_\_\_  
Patient Name-Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
7642-

\_\_\_\_\_  
ID #

\_\_\_\_\_  
Partner Name-Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
7642-

\_\_\_\_\_  
ID #

\_\_\_\_\_  
RMIA Witness or Notary Public

\_\_\_\_\_  
Date