



Routine Health Maintenance Consent

As part of an infertility evaluation, Boston IVF requires all patients undergoing treatment to be screened for relevant infectious diseases prior to initiating a treatment cycle.

Please be advised that Boston IVF does not provide routine wellness care (e.g. annual physical examination, breast or reproductive organ health examination, if applicable) or order routine wellness screening tests (e.g. cervical cancer screening PAP smear, mammograms if applicable). These exams and tests should be scheduled/completed with your primary care provider (PCP) or obstetrician/gynecologist (OB/GYN).

Because the scope of our practice is limited to specialty care, it is very important for you to establish or have established care with a PCP or OB/GYN to manage those elements of your healthcare.

By signing this form, you agree that Boston IVF and its employees are responsible only for your care within Boston IVF and its scope of practice.

Please sign, print your name and date below:

Signature

Printed Name

Date