

The Fertility Center

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Outside Monitoring Services Plan of Care Form

Plan of care forms must be completed by the ordering clinic and returned to The Fertility Center before a patient may begin monitoring. **A new plan of care form is required at the beginning of each treatment cycle.** Please fax completed forms to 616-988-2010, attention Monitoring Services Coordinators. You may contact our monitoring services coordinators with any questions at 616-988-2229, ext. 120 or email at outsidemonitoring@mrivf.com.

Patient Name: _____ DOB: _____

Ordering Clinic/Physician: _____

Phone Number: _____ Fax Number: _____

Contact Person/Department: _____

Patient plan:

_____ Fresh IVF (w/transfer: Y / N)

_____ Frozen Embryo Transfer

_____ Egg Donor

_____ Ovulation Induction

_____ Donor Egg Recipient

_____ Natural Cycle

_____ Donor Embryo Recipient

Other: _____

_____ Gestational Carrier

Medications (Please list medications for this cycle):

Will patient be requiring blood work with ultrasound? (Y / N)

Signature of Physician/Staff Member

Date