



The Fertility Center

*Families Happen Here*

**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 email completed forms to [outsidemonitoring@mrivf.com](mailto:outsidemonitoring@mrivf.com) or fax to 616-988-2010 attention Nena. You may contact us with any questions at 616-988-2229, ext. 122.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Ordering Clinic/Physician: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient plan:**

\_\_\_\_\_ Fresh IVF, w/ transfer  Yes  N

\_\_\_\_\_ Frozen Embryo Transfer

\_\_\_\_\_ Egg Donor

\_\_\_\_\_ Ovulation Induction

\_\_\_\_\_ Donor Egg Recipient

\_\_\_\_\_ Natural Cycle

\_\_\_\_\_ Donor Embryo Recipient

\_\_\_\_\_ Gestational Carrier

Other: \_\_\_\_\_

**Medications (Please list medications for this cycle):**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_