



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 or fax to 616-988-2010 attention scheduling. You may contact us with any questions at 616-988-2229, ext. 122.

Patient Name: _____ Date of Birth: _____

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:** _____