



## Preliminary Informed Consent / Governing Law

1. I/we seek fertility consultation from Zouves Fertility Center. As part of preliminary fertility treatment, I understand that Zouves Fertility Center may prescribe hormonal therapy in the form of birth control pills, fertility promoting gonadotropins or other drugs. Should I choose ZFC for treatment, I consent to this treatment and I accept that it may involve the remote risk of ovarian hyperstimulation (which can lead to ovarian damage, and rarely oophorectomy), or the remote risk of a blood clot including a stroke. In the event that you become pregnant before the egg retrieval procedure, attendant risks of pregnancy include physical and emotional suffering, pain, birth defects, and the remote possibility of death. After consultation with Dr. Zouves, I understand and accept these risks, and I understand that I may discuss these risks with Dr. Zouves at any time.
2. I understand that Zouves Fertility Center is located in the state of California and that I am being treated in the state of California, regardless of my domicile. This agreement is executed and intended to be performed in the State of California. Accordingly, California law shall govern all aspects of my treatment and the patient doctor relationship. I agree to jurisdiction and venue in the State of California in any legal proceeding necessary to interpret or enforce this agreement or in any other legal proceeding involving Zouves Fertility Center.

Patient:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_