

FERTILITY
SPECIALISTS
O F H O U S T O N

Fertility Specialists of Houston
7900 Fannin, Suite 4400
Houston, Texas 77054

Randall C. Dunn, M.D. *Leah M. Schenk, M.D.* *Subodh Chauhan, M.D.*

As an oocyte donor with Fertility Specialists of Houston for the practice of Randall C. Dunn, M.D., Leah M. Schenk M.D., and Subodh Chauhan, M.D. I am completing this form to indicate my desires regarding future contact or communication with any children born as a result of my oocyte donation.

Do you consent to being contacted by the child or parents in the event of a medical emergency?

_____ Yes _____ No

Would you like to meet any children who may result from oocyte donation if requested by the child and/or their parents?

Please check all statements that apply.

_____ Would definitely not like to meet.

_____ Would like to meet.

_____ Uncertain whether I would like to meet. Please contact me.

_____ Would not object if child wished to meet but would not solicit a meeting.

I understand the importance of furnishing Fertility Specialists of Houston with any future changes of address or phone numbers and agree to do so.

Print Name

Date

Signature