Reproductive
FERTILITY
Peyman Saadat M.D. Inc. (dba)

IUI Verification Form

Patient's Name: ____

Partner's Name: ____

Prepared By: ____

Time of IUI: ____

Patient verified tube with correct name: _______________________________

Is Selective Reduction an option? _______________________________

Patient's Signature: ____

M.A. or R.N. Signature: ____

M.D. Signature: ____

IUI Consent: ________________
HMG: ________________
Multiple: ________________