

SCOPE OF PRACTICE NOTICE

Durango Reproductive Medicine

In order for us to provide you with the best care we can, it is very important for you to understand our role as medical specialists. Our practice is limited to infertility (diagnosis and possible treatment of disorders that may affect fertility). Our scope of practice is therefore limited to the evaluation and management of the specific problem (infertility) for which we are seeing you.

As infertility specialists we do not provide basic health care services. Arrangements for routine physical examinations, pelvic examinations and pap smears, breast examinations and cholesterol or cancer screening tests are the responsibility of you or your primary care physician/provider. **We strongly urge our patients to have a primary care physician/provider.**

I have read and I understand the above statement. I agree to accept these limitations of duty in my care. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me with respect to results/success of treatments, tests or examinations.

Date _____

Signature _____

Printed Name _____