



Pre-Aspiration – HCG Injection

1. Your Egg Retrieval (aspiration) has been scheduled for (Date)_____. At (Time)_____. It is necessary for you to arrive at the office 30 minutes prior to your procedure time. Please arrive at the Beverly Hills office at (time)_____.
2. Your last daily fertility shot will be your AM / PM shot on (date)_____.
3. You will need to administer an injection of HCG on (date)_____. At **PRECISELY** (time)_____. This shot is VERY “time sensitive”, so please **BE PUNCTUAL!**
4. Your injection will be:
_____ 10,000 Units of HCG with ½ cc (0.5ml) of sterile water. Draw up ½ cc of air into the 3cc syringe (use the attached needle to draw and mix the medication); inject the air into the sterile water vial. Draw out ½ cc of water. Inject the water into the HCG powder. Mix gently. Withdraw the entire volume of the medication.

_____ 6,000 Units of HCG with 1cc (1.0ml) of sterile water. Draw up 1cc of air into to 3cc syringe (use the attached needle to draw and mix the medication); inject the air into the sterile water vial. Draw out 1cc of water. Inject the water into the HCG powder. Mix gently. Withdraw the entire volume of the medication. Push the plunger up squirting medication out of the syringe / needle until 0.6 cc’s remains.

FOR EITHER OF THE ABOVE INJECTIONS: Turn the bottle upside down to draw out the medication, ensuring that the needle tip stays below the fluid level at all times. Change the needle to the 30g ½” needle, then administer the subcutaneous (Sub-Q) injection. After the injection, circle the site with an ink pen and label the area HCG.
5. _____ (Man’s name) will take antibiotics (Zithromax/Azithromycin) today. He has the option of taking 4 (250mg) tablets all at once. Or if antibiotics usually make him nauseous, he may take 2 (250mg) tablets the night of HCG injection and the other 2 (250mg) tablets the following morning. It is recommended that the medication be taken with food to diminish the possibility of nausea.
6. **PRIOR TO YOUR PROCEDURE:** You are to have **NOTHING** to eat or drink after midnight on (Date): _____ or your procedure will be **CANCELLED**.
7. You have the choice of bringing in a semen specimen from home or to produce the specimen in the office. If you wish to produce at home, we will supply you with a sterile container and specific instructions. The specimen needs to arrive here at the office within 30 – 40 minutes of collection. Please make sure you bring a photo I.D, with you.
8. On the morning of the aspiration, please dress warmly on your top half (as you will be asked to undress from waist down) and wear warm socks. This will make you more comfortable during the procedure.
9. You’ll need to bring a **PERSONAL CHECK** or **CASH ONLY** in the amount of \$350.00 to pay for your anesthesia.
10. You will need to bring a licensed driver with you to take you home after the procedure. You will still be under the effects of anesthesia and unable to drive. The procedure and the recovery period are about 30 minutes each.
11. Our policy at THE CENTER FOR REPRODUCTIVE HEALTH & GYNECOLOGY is that any patient undergoing anesthesia is NOT allowed to be accompanied into the procedure room. You will be reunited in the recovery room.

Patient Name: _____ Patient Signature: _____ Date: _____ Staff Initials: _____