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OREGON REPRODUCTIVE MEDICINE

Donor Selection for Israeli Intended Parents

You have selected donor # _____. You may request that this donor not be matched through Oregon Reproductive Medicine with another Israeli intended parent. We cannot guarantee that she will not donate for another organization or agency outside ORM that serves intended parents in Israel. Please choose one option below.

- ☐ Please exclude my donor from matches with other Israeli patients. I understand a fee of \$5000 will be charged for this service.
- ☐ My donor may be matched with other Israeli patients after her donation to me.

Intended Parent 1: _____ Date: _____

Intended Parent 2: _____ Date: _____

ORM Representative: _____ Date: _____