



GENERAL SURGICAL CRITERIA

- No nicotine or related products for a minimum of 3 months
- Healthy Kidney, Liver, Heart and Lung Function
- Well Controlled Blood Pressure
- Well Controlled Blood Glucose (Diabetic Patients)
- BMI<32 (Healthy weight/height ratio)
- Referral from Primary Care Doctor or Endocrinologist
- Primary letter of recommendation from Psychiatrist or Psychologist
- Secondary letter of recommendation from additional mental health provider

*Consider gamete/oocyte cryopreservation when possible and appropriate