

*Advanced  
Fertility  
Services*

*In Vitro  
Fertilization*

## *Forward*

Those of you considering In Vitro Fertilization (IVF) have already traveled a difficult road in your quest to have a baby. Undoubtedly, it has been a journey filled with disappointment and frustration. Although patients may be optimistic that IVF will result in a successful pregnancy, the very real possibility that pregnancy will not be achieved in a given cycle may produce heightened levels of anxiety and stress, as well as feelings of discouragement and even depression.

At Advanced Fertility Services (A.F.S.) we are well aware of the emotional strain of dealing with a long-term fertility problem. Our basic goal is to provide our patients with the most advanced reproductive technology available in a setting that minimizes the stress that is normally associated with these procedures. By reducing levels of stress and anxiety, we help our patients retain the emotional stamina necessary to pursue treatment for a time period that is adequate to optimize the chances for a successful outcome.

An important component of our strategy is to provide our treatment in a serene and comfortable office setting. Too often, medical treatment is provided in coldly efficient and impersonal surroundings. Many infertility patients find themselves undergoing procedures in a large hospital environment, surrounded by unfamiliar doctors, nurses and medical students. In such a situation, many patients experience heightened levels of emotional and physical discomfort. At A.F.S., we provide a team of supportive, experienced caregivers who make our office pleasant and comfortable for our patients. We strive to maximize our patient's sense of physical and emotional well being in order to minimize emotional "burnout".

Another extremely stressful aspect of the IVF procedure is the high cost that may be associated with each cycle. Most IVF centers charge from \$8,500 - \$ 12,000 per cycle. At A.F.S., however, we are committed to lightening the financial burden placed upon our patients by offering the IVF procedure at a cost well below that of other centers. Although the IVF procedure is not covered by many insurance carriers, we may be able to accept your insurance if your policy covers the procedure. At A.F.S., we have a team of insurance consultants who are available to help you determine if you do have coverage.

Although perfect looking embryos are transferred into the uterus, whether or not a pregnancy is achieved during a particular IVF cycle is largely beyond human control. Even though fertilization and embryo transfer takes place in over 90 of IVF cycles, those cycles resulting in healthy pregnancies depend upon individual factors, the most significant being the age of the patient. The patient's age and their response to ovarian

stimulation will largely determine their potential for a successful outcome. Success rates vary from less than 10 to over 50. To the staff at A.F.S., the quality of patient care is just as important as success rates. Therefore, whether pregnancy is achieved or not, our goal is to make 100 of our patients' treatment cycles a safe and comfortable experience.

**Hugh D. Melnick, M.D., F.A.C.O.G.**

**Edward C. Ditkoff, M.D., F.A.C.O.G.**

Members, American Society of Reproductive Medicine



***Advanced Fertility Services***

## ***What is In Vitro Fertilization (IVF)?***

### ***Description of the Procedure***

IVF is a non-surgical means of achieving pregnancy. The procedure calls for removing mature eggs from a woman's ovaries and fertilizing them with her husband's sperm in a laboratory. The fertilized eggs are then transferred back into the woman's uterus, where hopefully, a pregnancy will develop.

### ***When is IVF Recommended?***

IVF is recommended when either one or both of a woman's Fallopian tubes are blocked or when all other fertility treatments have been unsuccessful. Specifically, IVF is recommended for women with:

- Blocked Fallopian tubes
- Endometriosis
- Husbands having very low sperm counts or poor quality semen
- Unexplained infertility that has not responded to other treatments

### ***How can it help?***

The IVF procedure may help otherwise infertile patients to achieve pregnancy in a variety of ways:

- The eggs are removed from a physical environment that may be hostile
- The sperm are allowed direct access to the eggs, thereby increasing the likelihood of fertilization
- The need for tubal function is eliminated
- Fewer active sperm are required to achieve fertilization
- The IVF procedure itself may serve as a diagnostic tool, allowing the doctor to observe the fertilization process and diagnose problems that are specific either to the eggs or to the inability of the sperm to bind onto or penetrate the eggs.

### ***Criteria/or Patient Selection***

Patients should be in good physical and emotional condition. Younger patients seem to have a higher success rate than do older patients. The expectation of a successful pregnancy is diminished in women over the age of forty.

Each patient should have a complete gynecologic examination and sonogram prior to beginning the IVF program. Patients with chronic medical problems such as the following should proceed with IVF only after consultation with a medical specialist:

- High blood pressure
- Diabetes
- Heart disease
- A history of auto-immune disorders such as arthritis or lupus

### ***Physical and Emotional Demands of the Program***

An IVF cycle may be a stressful experience. In order to recruit multiple eggs for the procedure, patients may need several injections of fertility drugs per day for fourteen or more days. Patients may also require several blood tests and sonograms during that time. After the actual IVF procedure, the two week period that must be endured before a determination can be made as to whether or not a pregnancy has occurred can itself be a major source of anxiety.

At A.F.S. we make every effort to minimize the stress associated with the IVF procedure so that couples can stay with the program long enough to achieve good results. Our efforts include:

- Convenient and flexible office hours that help to minimize the amount of work those patients need to miss
- Walk-in availability of blood tests and sonograms (although we prefer that you let us know when you are planning to come in)
- A comfortable and hospitable office environment capable of performing every aspect of the IVF procedure in-house

- Access to a clinical psychologist specializing in the emotional aspects of infertility
- Staff members who have been specially trained to provide support to infertility patients

### ***The Probability of Success***

Conception is a natural event, which is largely independent of human control. In normal, healthy couples practicing unprotected intercourse, the probability of a conception is approximately 20-25 per cycle, depending on the age of the woman. The majority of embryos created from fertilized eggs (whether or not they result from an IVF procedure) do not become babies. Most probably, this is nature's way of preventing abnormal offspring in cases where there is a genetic imperfection in the embryo.

The probability of having a successful pregnancy during any given IVF cycle mostly depends upon the age of the woman and the amount of eggs remaining in her ovaries. Success rates for completion of a successful pregnancy after IVF vary from less than 10 to 50. Although advanced reproductive technology optimizes a couple's chances for becoming pregnant, pregnancy rates are limited by the same genetic imperfections that limit natural success rates. These genetic imperfections occur during the fertilization process and cause the embryo to either stop developing prior to implantation, leading to a negative pregnancy test or following implantation, leading to a miscarriage early during the pregnancy. This is "Nature's" way of preventing the birth of unhealthy offspring.

### ***The IVF Procedure***

#### ***How to Begin an IVF Cycle***

An IVF patient should call Advanced Fertility Services on day 1 or 2 of her period. A nurse will relay instructions as to when to come to the office for the first IVF visit, at which time she will receive instructions regarding her specific treatment plan.

#### ***Medications:***

Each patient's medication plan is individualized, but most IVF regimens include one or more of the following:

### ***Lupron***

Lupron is used to help create equally mature eggs. Some statistics indicate that Lupron may be associated with higher success rates and lower IVF cycle cancellation rates. Lupron is usually started on Day 21 of the patient's previous cycle and is injected subcutaneously (under the skin).

### ***Antagon, Cetrotide***

They are recently approved medications, closely related to Lupron. Their availability will be of advantage in treating patients who have their egg production over suppressed by Lupron. In addition, these drugs will make new treatment options possible.

### ***Pergonal, Humegon, Repronex***

These consist of 75 units each of FSH (Follicle Stimulating Hormone) and LH (Luteinizing Hormone). They are administered by intramuscular (into the muscle) injection, usually given in the evening. These medications are used to stimulate egg development.

### ***Fertinex and Metrodin***

Both consist of 75 units of FSH. They are no longer used for IVF stimulation.

### ***Gonal-F, Follistim***

These medications consist of 75 units of pure FSH and are administered subcutaneously (under the skin). These drugs are the most commonly used products for the stimulation of egg production.

### ***HCG (Human Chorionic Gonadotropin, Pregnyl, Profasi)***

HCG is an intramuscular injection that completes the maturation of the eggs. It is the most critical of all of the injections, since if its timing or administration is incorrect; no oocytes will be obtained at the time of retrieval.

An A.F.S. staff member will teach the patient and her husband to reconstitute the different medications and administer the injections. Most patients and their partners have little trouble getting used to the shots. Placing an ice pack on the injection site before and after the injection is given will help reduce any related discomfort.

### ***Patient Monitoring***

Patients are usually asked to come in to A.F.S. for blood tests and sonograms to determine the status of their developing eggs. The size and number of the egg follicles as well as the hormone levels determine the subsequent dosage of medications as well as the timing of the egg retrieval. Monitoring is scheduled on an individualized basis and generally requires three to four visits during the course of an IVF cycle.

Patients should have their blood drawn by 11:00 A.M. on weekdays and 10:00 A.M. on Saturdays to ensure that results will be available by the end of the working day. In special instances the monitoring schedule can be modified for our patients' convenience.

### ***The Final Step to Egg Maturation***

When blood tests and sonograms indicate that the eggs are mature, the patient will be instructed to administer a final injection called HCG (Pregnyl, Profasi) to complete the maturation of the oocytes. The timing of the HCG; shot is critical for proper egg maturation. HCG is usually administered between 9:00 PM to midnight so that the eggs are mature at the time of their retrieval, approximately 34 to 38 hours later. For example, if a patient's Monday morning monitoring showed her follicles to be of the appropriate size and her estrogen levels were found to correlate with maturity, she would be instructed to take her HCG at 9:00 PM, Monday evening. Her egg retrieval would then be performed Wednesday morning, approximately 36 hours after the HCG injection.

### ***Before The Procedure***

The patient will be instructed not to eat solid foods after the midnight prior to the procedure. She may, however, have a cup of coffee or tea in the morning. It is advisable to abstain from sexual activity for the two days prior to the procedure to ensure the highest possible sperm count for the day of retrieval.

### ***The Day of the Procedure***

The patient and her husband will be escorted downstairs to the Procedure Room. The husband may choose to remain with his wife during the procedure for emotional support. The patient will be asked to empty her bladder, undress below the waist, and put on an examining smock. She will then be asked to lie down on the procedure table and position herself in the same way as for routine sonogram or gynecological examination.

The patient will be hooked up to a machine so that her vital signs may be monitored throughout the procedure. An intravenous line will then be placed in her arm and a painkiller (Demerol) will be administered along with a tranquilizer. Versed (similar to Valium). These medications will keep the patient from experiencing any significant discomfort during the procedure and will allow her to remain alert, albeit relaxed and drowsy. Relaxation tapes will be played to reinforce the calming atmosphere.

### ***The Retrieval***

An egg follicle, which resembles a blister, is filled with fluid. The egg itself floats within the fluid. Although a follicle may measure some 20 millimeters in length (slightly less than an inch), the egg itself is microscopic. One hundred eggs would fit on the head of a pin. A sonographic probe will be used to guide the needle through the vagina and into the ovaries, where it will extract the fluid from the follicles. The patient will feel a pinch on each side as the needle penetrates the ovary. Once the procedure has been completed, the embryologist will separate the eggs from the aspirated fluid and prepare them for fertilization.

### ***After the Procedure***

After the aspiration of the follicles, which rarely takes more than ten minutes, the patient will be transferred into the recovery room: She usually recovers from the procedure in 1 - 2 hours, at which time she will be fully ambulatory and able to leave the office. Some patients take longer than others to recover. However, no patient will be discharged from the recovery room until ready.

The patient may experience some cramps, dizziness, and/or vaginal staining after the procedure. These symptoms usually subside by the time the patient is ready to leave the recovery room. The patient should not operate an automobile for 24 hours after the intravenous medications have been given.

### ***Post Procedure Medications***

After the retrieval, the patient will be given prescriptions for two oral medications: Medrol, a corticosteroid, is thought to minimize rejection of the embryo. Progesterone is also given to support the endometrial lining of the uterus, the site of embryo implantation.

### ***Possible Complications***

Although they are rare, potential complications of retrieval include infection or internal bleeding. Any patient experiencing either severe abdominal pain or a fever greater than 101° F should call A.F.S. at our 24-hour phone number: (212)369-8700.

### ***Sperm Specimen Timing***

While the patient is recovering, a staff member will meet with her to give her the final count of total eggs retrieved and to specify a time for the production of the sperm specimen. In general, the male will be asked to produce the sperm specimen approximately 30 - 60 minutes after the retrieval. This gives us time to evaluate the status of the eggs and allows the eggs to equilibrate in the laboratory environment. There is a facility in our office that affords a completely private environment for the production of the sperm specimen.

It is believed that fresh sperm will yield the best results for the IVF procedure. However, if there has been a history of difficulty in obtaining sperm specimens or if fresh semen is unavailable for some other reason, the patient may make arrangements to have a back-up sperm specimen frozen prior to starting the IVF cycle.

### ***Fertilization***

After the specimen has been obtained, the semen is centrifuged and prepared so that the motile sperm (approximately fifty thousand per egg) are obtained for fertilization. The sperm are then added to the eggs and incubated in a specially controlled environment for a period of eighteen hours. After that time, the eggs will be examined to see if fertilization has taken place. If so, we will be able to visualize two pronuclei as evidence of fertilization.

It is very important to evaluate the eggs after this 18-hour period in order to rule out a condition called polyspermia, in which more than one sperm has penetrated the egg. This condition leads to abnormal embryo development and is a potential cause for miscarriage. Fertilized eggs exhibiting polyspermia will be discarded.

We will routinely notify the patient of the status of her eggs 24 hours after the retrieval. Approximately 85 of all eggs, which will ultimately fertilize will have done so by then. However, some eggs may require an extra 24 hours and a reinsemination of fresh sperm in order to fertilize. Reinsemination is performed with ICSI (Intracytoplasmic Sperm Injection). In rare cases, the male may be asked to return to A.F.S. the day after the retrieval to produce a second sperm specimen.

Normal fertilization occurs over in 90% of IVF cycles. If a patient's eggs do not fertilize, that may indicate the source of the couple's fertility problem.

### ***Embryo Transfer***

Embryos are generally transferred back to the woman's uterus between the 6-8 cell stage occurring 72 hours after the retrieval. However, in certain cases we will delay the embryo transfer until the fifth day after retrieval when they reach the Blastocyst stage.

### ***The Procedure***

When she arrives for the embryo transfer, the patient and her husband will return to the Procedure Room. The patient is required to have a mildly full bladder so that her uterus can be visualized with an abdominal sonogram during the procedure. She will undress, don an examining smock and assume the usual examination position. The physician will then insert a speculum into the vagina and clean the cervix. The patient may feel one cramp as an outer catheter is placed through the cervix into the lower segment of the uterus. A fine plastic catheter, into which the embryologist has transferred the embryos, is then placed through the outer transfer catheter into the uterus. The sonographer will visualize the lining of the uterus and guide the physician in the exact placement of the catheter. Once the placement is correct, the embryos will be expelled from the catheter into the uterus.

### ***The Rest Period***

After the embryo transfer, the patient will be transferred to the recovery area where she may rest on her back from 30 minutes to two hours. Her husband is welcome to remain with her for the entire rest period.

### ***Post Transfer Medications***

After the embryo transfer is performed, a staff member will review the medications required for a specified number of days following the transfer. These will be determined by their physician and depend upon their individual situation.

### ***Post Transfer Instructions***

The patient will be advised to remain at rest for the first 24 hours after the embryo transfer. She may then carry out her normal level of exercise and activity, but should abstain from sexual intercourse for four days.

The outcome of any particular IVF cycle is determined by the quality of the embryos and the post transfer hormonal support. Good embryos cannot be lost as a result of moving about, and there is no scientific evidence to suggest that any particular activity will cause a woman to lose a pregnancy during the implantation stage. Therefore, we believe that, after the initial 24 hour post-transfer period, the patient should go about her regular daily activities without worrying that she will harm her chances for a successful pregnancy. During the two weeks after the embryo transfer while a couple is anxiously awaiting the outcome of their IVF cycle, the time will pass more slowly and stressfully if a woman confines herself to bed. Stress can actually be reduced by staying active and being productive. Moderate exercise may also be a useful aid in reducing stress during the two-week post-transfer period.

### ***Number of Embryos Transferred***

The number of embryos that should be transferred during any single IVF cycle is open to debate. It has been said in the medical literature that transferring no more than four embryos per IVF cycle will yield optimal results; transferring more than four is believed to result in excess numbers of multiple pregnancies. Experience shows, however, that the chance of a successful IVF outcome may be increased if more embryos are transferred, especially in older patients and those patients with unexplained infertility. In most situations, the risks associated with multiple pregnancies can be safely reduced by eliminating excess embryos via an embryo reduction during the first trimester. This procedure is successful 90 of the time and results in a total miscarriage in only 10 of cases.

At A.F.S. we believe in individualizing the number of embryos transferred. We base our decision on the age of the patient, the quality of the embryos as seen under the microscope prior to transfer, and on the individual patient's requests. Embryos that are not transferred may be frozen for use in subsequent cycles.

### ***IVF Cycle Outcome***

#### ***If a Cycle is Successful***

Generally we advise each patient to return for her pregnancy test approximately 12 days after her embryo transfer. Occasionally women will stain or bleed from their vagina although they could be pregnant. We therefore encourage our patients to return to the office for this reason. Although pregnancy testing may be done earlier, there may be more chance of a false positive, especially if blood is drawn sooner than 10 days from the time of the embryo transfer.

Current data indicates that the probability of having an abnormal child or a problem pregnancy is about the same for IVF patients as it is for women who conceive naturally. There is no evidence that IVF is associated with an increased risk of fetal malformation, nor is there evidence that IVF patients experience more complicated pregnancies or deliveries than patients who conceive naturally.

There may be a slightly higher miscarriage rate in IVF pregnancies (30 miscarriage rate, as compared to the 25 miscarriage rate seen in non-IVF pregnancies); however, this statistic may reflect the earlier diagnosis of IVF pregnancies rather than any real increase in risk. As in any pregnancy, the embryo(s) may become lodged in the Fallopian tube, resulting in an ectopic pregnancy.

### ***If a Cycle is not successful***

The majority of embryos are not genetically suitable to become babies. Approximately 2 out of 3 embryos will not survive the period of early implantation long enough to become viable pregnancies. Therefore, it is important for patients not to become too discouraged if an IVF cycle fails.

Although some data suggest that patients are most likely to become pregnant during their first six IVF cycles, at A.F.S., we believe that the number of IVF cycles should be undertaken on an individual basis. We recommend that patients take at least one month off between IVF cycles in order to regain physical and emotional strength and to allow a better response to the medication. If, however, it is found that there is an oocyte problem, further IVF attempts may not be successful. For these patients, the option of undergoing IVF using donor oocytes is available.

### ***Advanced IVF Laboratory Techniques***

#### ***Assisted Fertilization***

If the male's sperm count is poor, or exhibits poor motility (ability to move about), fertilization may fail to occur with standard IVF techniques. Intracytoplasmic sperm injection (ICSI) is the direct microscopic injection of a single sperm into the egg. ICSI is the most important technique for the treatment of male infertility. It is utilized when a man has a very low sperm count or very poor sperm motility. In addition, this technique can even be used in some cases which the male produces no ejaculated sperm. In this situation, sperm can be removed directly from a man's testicles (T.E.S.A.) and be injected microscopically into his wife's eggs. The technique of ICSI has allowed many otherwise infertile males to father a child without having to resort to the use of donor sperm.

ICSI is also used in cases of unexplained infertility which may be caused by failure of fertilization. In some cases, the protective envelope surrounding the egg (the zona pellucida) does not allow the sperm to penetrate the egg in order to cause fertilization. In other cases, there may be an undetectable defect in the sperm that prevents the sperm cell from drilling through the zona pellucida. Therefore, since the cause of unexplained infertility is not actually detectable, we recommend that in such cases, at least 50 of the eggs be fertilized using ICSI.

### ***Assisted Hatching***

Certain patients produce embryos, which, although they appear to be viable, are unable to hatch out of the zona pellucida (outer covering) to implant in the uterus. This seems to be especially true of women over 38 years of age. These patients may benefit from Assisted Hatching, in which the zona is artificially breached by creating a small opening. This is performed after fertilization occurs, but prior to the embryo transfer. Assisted Hatching may be employed in patients who have failed to achieve pregnancy despite being able to produce good quality embryos.

### ***Embryo Cryopreservation***

Certain patients have an excess number of good quality embryos. Rather than have these patients at a higher risk for multiple pregnancy resulting from the transfer of too many embryos, we may advise freezing the excess embryos. Extra embryos are placed in a special protective fluid environment and are frozen in liquid nitrogen and stored at -273 degrees. Unfortunately, unfertilized oocytes do not survive the cryopreservation process. In our experience, 80-90 of frozen embryos will survive the cryopreservation process. Embryo cryopreservation allows patients to have another opportunity for conception without repeating the entire IVF process.

### ***Donor Oocyte Program***

Some women are found to be incapable of producing viable eggs. These patients may elect to undergo IVF using eggs donated by another woman. Egg donors may either be selected anonymously or be a friend or family member of the infertile couple. In order to facilitate this process, Advanced Fertility Services maintains a large pool of egg donors that are readily available for our patients. Although the process is strictly anonymous, our patients are able to view an actual photograph of their donor, as well as receiving a detailed biographical and medical profile. All egg donors are screened for potentially transmissible illnesses such as hepatitis, AIDS and sexually transmitted diseases. Appropriate genetic testing is also performed for each donor. In this way our patients

are provided with healthy donors that match their physical characteristics. Due to our large selection of egg donors, recipient couples can initiate the donor egg process without delay.

After a recipient couple selects their donor, the egg donor follows a similar protocol for medication and oocyte retrieval as in an IVF cycle. At the same time, the recipient receives medications to synchronize her cycle with that of the donor. In doing this, the recipient will be ready to receive an embryo transfer at the appropriate point in the cycle when implantation normally occurs. After the retrieval, the donor's eggs will be fertilized with the husband's/partner's sperm. No more than three of the resulting embryos will be transferred to the recipient's uterus. All remaining healthy embryos will be cryopreserved for their future use.

Advanced Fertility Services is licensed by the New York State Department of Health as an oocyte donation center. We invite you to call our office to arrange an appointment to view our photographic donor profiles. If you are unable to visit us in person, it is possible to send us a recent photograph of yourself and your partner so that we may suggest an appropriate oocyte donor for you. We would be happy to send you a copy of the profile along with the photograph of the donor. You may reach us by telephone (212-369-8700) or by e-mail ([hdm46@aol.com](mailto:hdm46@aol.com)).



**Hugh D. Melnick, M.D.**  
*Director*

Hugh D. Melnick, M.D. has been treating infertile couples since 1976, and is considered a pioneer in the field of outpatient IVF treatment. Dr. Melnick is a graduate of the University of Pennsylvania and Temple University School of Medicine. He completed his residency training at Lenox Hill Hospital in New York City. Dr. Melnick was also a research fellow in the Department of Experimental Pathology at the University of Birmingham in England. He spent two years as an attending physician at the New York Fertility Research Foundation.

He has published many scientific articles in medical journals and textbooks, as well as being the author of *The Pregnancy Prescription*, one of the most informative books recently published for couples experiencing infertility problems. Dr. Melnick has lectured widely on topics related to Infertility and Reproductive Endocrinology. He served as director of the Endocrinology Clinic at Lenox Hill Hospital and directed their post graduate medical course on Human Endocrinology. In 1983, Dr. Melnick founded Advanced Fertility Services, which was the first freestanding, non-hospital based In Vitro Fertilization center in the tri-state area and has been its director since that time.



**Edward C. Ditkoff, M.D.**

Edward C. Ditkoff, M.D. is an Associate Physician at Advanced Fertility Services who is Board Certified in both Reproductive Endocrinology and Obstetrics and Gynecology. He has specialized in infertility and reproductive endocrinology since 1990. Dr. Ditkoff was formerly an Assistant Professor at Columbia University, College of Physicians & Surgeons, Department of Obstetrics and Gynecology, in New York City, where he served as the Medical Director for the Division of Assisted Reproduction. Dr. Ditkoff not only directed the In Vitro Fertilization program at Columbia, but also initiated their donor oocyte program and was credited with its first successful pregnancy. Dr. Ditkoff obtained his undergraduate degree from Emory University and received his medical degree from the Chicago Medical School. He completed his residency in Obstetrics and Gynecology at the George Washington University Medical Center and his fellowship in Reproductive Endocrinology at the LAC/USC Medical Center in Los Angeles, CA.

Dr. Ditkoff is a native New Yorker who has presented many guest lectures and papers nationally and internationally related to infertility, from public workshops to medical symposiums. He has published extensively in peer review journals in the field of assisted reproduction including induction of ovulation, polycystic ovarian disease and egg donation. Most importantly, he is regarded as a highly skilled and compassionate caregiver.

### **Directions**

We are located at 1625 Third Avenue. The entrance to our office is on 91<sup>st</sup> Street between 2nd and 3rd Avenues, approximately in the middle of the block on the North side of the street. (This block was recently named JAMES CAGNEY PLACE).

### **BY SUBWAY:**

Take the IRT #4 or #5 to 86th Street and Lexington Avenue. Walk east to Third Avenue and then walk up to 91st Street.

### **BY BUS:**

Take the Third Avenue Bus, #101 or #102, to 91st Street.

### **BY CAR:**

### **FROM NEW JERSEY**

George Washington Bridge to Harlem River Drive which becomes the FDR Drive-South, exit at 96th Street, RIGHT turn on 96th Street to Second Avenue. LEFT turn on 2nd Avenue to 89th Street, RIGHT turn on 89<sup>th</sup> Street to 3rd Avenue, RIGHT on 3rd Avenue to 92nd Street, RIGHT on 92nd Street (garages are located on 92nd between 2nd and 3rd Avenues).

### **FROM LONG ISLAND, WESTCHESTER OR CONNECTICUT:**

Triboro Bridge to the FDR Drive-South, exit at 96th Street. RIGHT turn (same as above). We are pleased to provide discounted parking for our patients at the GGMC Garage located on 92nd Street. Please be sure to present your voucher to our receptionist for validation. There is also meter parking (1 hour) on 2nd and 3rd Avenues after 9:00 am.

***Thank you for your interest in the I. V.F. program at  
Advanced Fertility Services. Should you have any questions  
or comments, please feel free to e-mail us at [hdm46@aol.com](mailto:hdm46@aol.com).***