



235 Portal Lane Suite A
Madison, AL 35758
Phone: (256) 461-1766
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Date: _____ Patients Printed Full Name: _____

Your OB Diagnostic Ultrasound is scheduled on: _____ at _____

Ultrasound Instructions: Drink (4) 8oz glasses of water, 1 hour prior to your appointment. Arrive with a full bladder. No children allowed in ultrasound room at all unless infant in carrier; or toddler in adults lap only. Two adults maximum allowed in ultrasound room in addition to the patient.

*If you are scheduled for a **4D Ultrasound**, it is not considered medically necessary and will not be covered by your insurance company. Please call the office for more information.*

❖ *Please arrive promptly, thank you!*

OB Diagnostic Ultrasound Information & Consent

You physician has requested that you undergo a diagnostic ultrasound. Simply stated, this procedure involves the transmission of sound waves reflected off your womb and fetus, which will be monitored and recorded digitally on screen or film to obtain information concerning your pregnancy. This test is believed to carry very little risk to you or your fetus (baby).

The standard ultrasound exam takes approximately 10-30 minutes to perform and may provide information concerning placental location, fetal position, multiple gestation (twins, etc.), approximate gestational age, and possible presence of certain gross fetal malformations. This test, however is not definitive for the absence of fetal malformations, and despite a normal interpretation of the test, some babies are born with anomalies not identified by the examiner during the ultrasound study. Thus, although ultrasonography is a helpful diagnostic tool, it does not absolutely determine the absence of fetal defects. This type of exam is also done prior to performing genetic amniocentesis.

Your physician will order a series of ultrasounds during your pregnancy (usually two for uncomplicated pregnancies and three or more for complicated). Some insurance plans are now only covering a total of two ultrasounds even though your physician feels it is medically necessary. By signing this consent, you are acknowledging that you will be financially responsible for the cost of any ultrasounds that your insurance does not pay for.

Should you have any questions concerning ultrasonography, please discuss them with your referring physician before undergoing the procedure. You are requested to sign this document prior to performance of your ultrasound exam, thereby acknowledging that you have read and have understood the information contained herein, and have given an informed consent to this procedure, and are aware of the limitations and risks involved.

Patient Signature

Date

Witness

Date