

Associated Women's Healthcare, LLP

Obstetrics, Gynecology & Infertility

ULTRASOUND INFORMED CONSENT

My doctor has recommended an ultrasound. I understand that ultrasounds are to be performed to check fetal growth, fetal number, dating of my pregnancy, as well as other information that will be helpful in following my pregnancy. I understand that a routine ultrasound cannot detect all congenital defects. If a defect is suspected, the doctor may send me for a level II sonogram. I also understand ultrasounds are not performed for determining the sex of my baby only.

Any photos/videos/CDs given are not images made for diagnostic purposes.

I understand my doctor and the American College of Obstetricians and Gynecologists discourages the use of recreational 3 or 4D sonograms done at an outside facility.

By signing this form, I acknowledge that I have been given all the information I desire concerning this procedure and have had all questions answered.

Print Patient's Name

Patient's Signature

Date

sonoconsent

Dawn Bankston-Troiani, M.D. • Cindy C. Hartley, M.D.

1600 Coit Rd., Suite 402 • Plano, Texas 75075 • (972) 612-8829 • Fax (972) 612-2875