

Obstetrical Ultrasound

I, _____, hereby request the performance of **Obstetrical Ultrasound**. This procedure will be performed by Everett Dort, RDMS.

Recent recommendations from the American College of Obstetricians and Gynecologists (ACOG) suggest that specific fetal structures be examined during your ultrasound examination. While every effort will be made to identify birth defects of the brain, chest, heart, abdomen, kidneys and extremities, not all birth defects will be necessarily detected. Currently, there are no known health risks to the mother or fetus during an ultrasound examination. I understand that alternatives to this examination may be available to me.

This ultrasound test is not a treatment for any condition, but is done for diagnostic purposes. The information obtained may be used to confirm the presence of a fetal heart beat, evaluate the baby's growth, estimate the size of the baby, detect the presence of multiple fetuses, and to detect some, but not all, birth defects. It is possible that fetal birth defects may not be seen on the ultrasound examination performed today, or that normal anatomy could falsely appear abnormal. Therefore, neither a normal ultrasound, nor the results of any other prenatal test guarantee a normal, healthy baby.

___ I agree to the ultrasound examination and do not wish to be referred to a specialist for a more detailed evaluation

___ I prefer to be referred to a specialist who may have a higher detection rate for serious birth defects

I acknowledge that I have had an opportunity to discuss with Dr. _____ and have explained to my satisfaction the purpose and nature of this obstetrical ultrasound, as well as reasonable risks. I understand that medicine is not an exact science and that it may involve the making of medical judgments based upon the facts known to the physician at the time. It is not reasonable to expect the physician to be able to anticipate, nor explain, all possible risks and complications, and further, that an undesirable result does not necessarily indicate an error in judgment. I understand that no guarantee as to the results has been made to me. I expressly wish the physician to exercise his/her best judgment during the course of the examination, and to inform me of the findings of the obstetrical ultrasound.

I understand that this obstetrical ultrasound may or may not be paid for by my insurance company. Many insurance companies will not pay for an ultrasound unless medical indications are present. I understand and agree that if the examination is not paid for by my insurance company, I will be responsible for the payment.

All of my questions have been answered, and I do hereby consent to the performance of the obstetrical ultrasound.

Patient's Signature

Patient's name (printed)

Physician/Provider Signature

Date