



IT'S Ok

(for me to do this)

My patient, _____, request my permission to experience a 3D ultrasound provided by Baby Prevue. The patient understands that the cost of this exam will be incurred by her, and that the purpose of this exam is a parental bonding experience. A limited diagnostic report will be provided at no additional cost to the patient or the physician.

I understand that a registered Ultrasound technologist will be performing this scan, however; it is not to be considered a diagnostic test.

Patients Signature: _____

Physicians Name: _____

Physicians Signature: _____

Date: ____/____/____

City: _____ State: ____ Zip code _____-

___ Yes, I would like a copy of the report and the films sent to my office.

___ CD-R ___ Printed Photos (black and white) ___ DVD ___ DICOM

___ Email (EMAIL ADDRESS: _____ @ _____)

___ No thank you, not at this time.