OBSTETRICAL ULTRASOUND
PROCEDURE EDUCATION LITERATURE AND CONSENT FORM

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. “An educated patient is the best patient.”

I, _________________________, hereby request the performance of Obstetrical Ultrasound. This procedure will be performed by_____________________________.

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.

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.

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.

I acknowledge that I have had an opportunity to discuss with my doctor 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, that it may involve the making of medical judgments based upon the facts known to the physician at the time, and that 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 procedure, 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 procedure is not paid for by my insurance, I will be responsible for the payment.

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

Consent for Treatment

I understand that during the course of the procedure unforeseen conditions might arise or be revealed that could require an extension of the procedure or performance of other operations, procedures or treatments. I therefore authorize and request the below-named individual or their designees to perform such operations, procedures or treatments that are or might become necessary in the exercise of their professional judgment.
I acknowledge that _________________ has explained the proposed procedure to me and has answered any questions that I have to my satisfaction.

I hereby consent to the above procedure. In addition, I accept all of the risks inherent to that operation and request that it be performed.

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The information contained in this Medical Informed Consent Form ("Consent Form") is intended to solely inform and educate and should not be used as a substitute for medical evaluation, advice, diagnosis or treatment by a physician or other healthcare professional.

Please call your doctor if you have any questions.