



3D/4D Ultrasound: Entertainment Purposes Only Consent

I, _____, consent to have an elective 3D/4D ultrasound
(Patient Name - Please Print)

performed on _____ . I understand that the ultrasound
(Date)

is a non-diagnostic ultrasound and does not provide measurements, dating or assesses for fetal anomalies. Further, I understand that payment is due and payable prior to the ultrasound. There is no guarantee of obtaining clear views due to uncontrollable situations.

I understand that if no acceptable views per the sonographer are obtained that I will get one follow-up session (15 minutes) without additional fees. The sex of the fetus may or may not be able to be determined. There will be no refunds due to the nature of the service.

I will receive a text or email with a link to images. This will become my property as part of the fee paid. I will not hold Maternal Gyn generations liable for any outcomes regarding this elective service.

All my questions have been answered to my satisfaction and I understand the above information.

Print Name

Account #

Sign Name

Date