



CONSENT FORM FOR ELECTIVE ULTRASOUND

I hereby authorize Born Again Obstetrics & Gynecology to perform an ultrasound on me and my baby. I elect to have this procedure and I understand that its purpose is not diagnostic in nature, that is, the procedure is not intended to detect obstetrical problems or fetal birth defects. I fully understand that this procedure is for the purpose of obtaining a three-dimensional view of my baby in the womb over the period of time scheduled by my appointment and that this service is not covered by insurance providers. I have had my routine clinical sonogram at the 20 week mark with my obstetrician and I have discussed with him/her my election to have this ultrasound performed at this time and have received his/her consent.

I acknowledge that during this appointment, an optimal view of my baby may not be available due to the baby's position in the womb and due to the amount of amniotic fluid present. In this case, I understand that the sonographer may advise me to return on a different day for a second opportunity.

I hereby acknowledge that I have read and understand the information in this document and that through my signature, I agree to all of the terms stated.

Patient Signature: _____ Date: _____

Patient Name (PRINT): _____

Date of Birth: _____ Witness: _____