

3D / 4D Obstetrical Ultrasound

I (We) _____ and _____ hereby request the performance of 3D/4D obstetrical ultrasound for the sole purpose of providing images of my(our) baby(ies) for our personal use. I am aware that this ultrasound will not be performed and is not expected to be used for the purpose of any diagnosis, evaluation or future care or treatment of any condition of either the mother or the baby(ies), including but not limited to any birth defects or abnormalities of pregnancy. I (We) understand that this ultrasound might not be reviewed, interpreted or evaluated by a physician, including my obstetrician, or by any other medical provider who is trained to interpret obstetrical ultrasounds. I (We) do not expect that any such review, interpretation or evaluation will be performed.

I (We) have been informed that based on current knowledge the performance of obstetrical ultrasound is not believed to create a significant risk to the mother or fetus but that this is not to be considered a representation that the procedure is risk free or that risks that are not currently known will not be discovered to exist in the future.

I (We) understand that picture quality depends on many factors including, but not limited to amount/density of maternal abdominal tissue, fetal position, placental position, amniotic fluid levels, and gestational age. No representations or guarantees have been made concerning the quality of images that may be produced by the 3D/4D ultrasound in my (our) particular case.

I (We) understand that this obstetrical ultrasound will not be submitted to or paid for by my insurance company or by any government agency because it is not being done for medical reasons and is solely an elective procedure for my(our) personal use.

All of my (our) questions have been answered, and I (we) hereby request and consent to the performance of 3D/4D obstetrical ultrasound.

IF NOT A PATIENT OF ALBERT T. DOMINGO MS MD INC.

I (We) acknowledge that _____ is not a patient of _____ or of any of its physicians or other healthcare providers and that this request for a non-diagnostic obstetrical ultrasound is not intended to establish a physician-patient relationship. No physician or other healthcare provider who is an agent or employee of _____ shall have any duty to review, interpret or evaluate this ultrasound, to report any findings to my obstetrician or other healthcare provider, to obtain my history or conduct a physical examination, or to provide any medical services whatsoever related to my pregnancy.

Patient's Signature

Patient's Name (printed)

Spouse/Partner

Spouse/Partner (printed)

Physician/Provider Signature

Date