Stark Women's Center
5000 Higbee Avenue NW
Canton, Ohio 44718
Phone: 330-493-0313

3D/4D Ultrasound Patient Information/Consent

Name_____ Date_____ DOB_____

Phone: _____ Cell : _____ Work: _____

Mailing Address_____ City_____

State_____ Zip_____

Name of Primary OB/GYN_____ OB/GYN Phone:_____

OB/GYN Address_____ City_____ State_____

Estimated Due Date_____

This is a NON DIAGNOSTIC TEST, provided for enjoyment purposes only. Measurements will not be taken, anatomy will not be evaluated and there will not be a physician from Stark Women's Center reviewing the ultrasound.

You should have a normal conventional 2D scan by your primary OB/GYN Physician prior to participating in a 3D ultrasound.

I understand that this 3D/4D ultrasound is for my enjoyment, with no diagnostic purpose what so ever. We will hold Stark Women's Center, its physicians, ultrasound technologists, and employees, harmless and not liable for anything undetected or any adverse pregnancy outcome. I also understand the extent of what is seen does depend on the position and size of the baby, the image quality can vary, and the fee is nonrefundable. The optimal time to have this ultrasound is between 26 and 31 weeks.

I have read and understand this information and my questions have been answered.

YES/NO I do want to know the gender of the baby.
_____ I DO want a 3D/4D ultrasound examination for enjoyment purposes only.
_____ I understand the image quality can vary and the fee is nonrefundable.

_____ _____
Patients Signature Date

_____ _____
Referring Physicians Signature of Consent Date

Office Use Only:

Appointment Date and Time: _____

Scheduled by: _____ Package Purchased: _____