

**STARK WOMEN'S CENTER**

**5000 Higbee Avenue, NW**

**Canton, OH 44718**

**(330) 493-0313**

**(800) 544-0313**

**CONSENT FOR OBSTETRICAL ULTRASOUND**

Your physician has ordered a transvaginal /transabdominal obstetrical ultrasound examination. This is a high frequency sound wave test that involves no radiation. This procedure is ordered to evaluate the well being of your baby and to confirm your estimated date of delivery.

The exam will be performed by a registered ultrasound technologist. With the information generally available to the profession and to your physician, your physician has no knowledge of any biological effects having been found at the intensity levels used with the ultrasound scanner.

Although every effort is made to thoroughly evaluate your baby's anatomy and well being, a normal ultrasound performed today is not intended to guarantee the absence of birth defects. A 2-4 % risk for birth defects is still present (as in the general population) despite a normal scan.

I consent to this procedure based solely upon the information provided above.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birth Date