



CONSENT FOR ULTRASOUND

An ultrasound scan of my abdomen and baby and/or a vaginal sonogram has been prescribed by your doctor. This will be done at Next Generation using highly sensitive, quality-controlled sonographic equipment. It is important to know that ultrasound exposure involves no known risk to the mother or fetus. The information obtained from the ultrasound will be reviewed by Dr. Minior (or the covering doctor), and with you. Your physician or midwife will receive a report from Dr. Minior (or the covering doctor) on the day of your scan. It is important to understand that there are limits to the ability of ultrasound to accurately reproduce fetal/placental views, amniotic fluid amounts or physiologic activities. 3-5% of all pregnancies have birth defects, which cannot be detected by ultrasound examination. Normal test results do not guarantee the birth of a normal child.

I have read the above information and understand it fully. I hereby authorize Next Generation Women's Imaging and MFM and their technicians to perform the procedure.

Signature: _____ **Date:** _____

Print name: _____