

**3D / 4D Ultrasound Informed Consent**  
*Physicians for Women of Greensboro*

I, \_\_\_\_\_ understand that this ultrasound is being done at my request for entertainment purposes only. The overall quality of the ultrasound cannot be guaranteed due to many varying physical factors outside of the control of the technician for Physicians for Women.

The ultrasound is not being performed for any medical or treatment purposes. The ultrasound will not be interpreted or reviewed by any medical personnel. This ultrasound will only be performed after a diagnostic ultrasound has been completed. I also understand that there is no medical interpretation of the fetal scan and no report is generated for my medical record. If an ultrasound is desired or needed for medical treatment, it will have to be discussed with the physician and scheduled for another appointment. It will not be scheduled in conjunction with this appointment.

I understand that charges for this elective 3D / 4D ultrasound cannot be billed through my insurance carrier and that I am fully responsible for the fee for this procedure. I also understand that payment is due at the time of scheduling or at least 2 days prior to the appointment. Failure to pay the full amount prior to your appointment will cause your appointment to be cancelled. Payments will not be accepted at the time of service.

I have read and understand this information and agree to all terms.

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

\_\_\_\_\_  
Date

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Office use only:

Appointment Date and Time: \_\_\_\_\_

Scheduled by: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Received by: \_\_\_\_\_