

## Affordable Ultrasound LLC

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### Ultrasound Order Form

Date \_\_\_\_\_ Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Office Ph# \_\_\_\_\_

**This patient is currently under the care of the above named physician for her pregnancy.**

**She has undergone a full diagnostic ultrasound during her pregnancy. The results of the ultrasound were:**

\_\_\_\_\_ **Normal**

\_\_\_\_\_ **Abnormal (Please explain below)**

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#### Consent to Release information:

**I authorize the above named Physician and his/her staff to release the required information above. Furthermore, I authorize that this information may be provided to Affordable 4D Ultrasound.**

**Patient Name** \_\_\_\_\_ **Patient Signature** \_\_\_\_\_

This a limited 2D or 3D/4D diagnostic ultrasound. All ultrasounds are limited to 20 minute or less in length and reviewed by our medical director to ensure patient safety. Limited diagnostic ultrasounds may include view of fetal position and heart and/or estimated weight of fetus. All technical staff are board certified with the American Registry of Diagnostic Medical Sonographers and are members of the Society of Diagnostic Medical Sonographers .

