



3D/4D Ultrasound: Entertainment Purposes Only Consent

I, _____, consent to have an elective 3D/4D ultrasound
(Patient Name - Please Print)

performed on _____. I understand that the ultrasound
(Date)

is a non-diagnostic ultrasound and does not provide measurements, dating or assesses for fetal anomalies. I have had a previous ultrasound performed on

_____. Further, I understand that payment is due and payable
(Date)

prior to the ultrasound (\$150 for a 30 minute session). There is no guarantee of

obtaining clear views due to uncontrollable situations such as the following conditions

(not an exclusive list):

I understand that if no acceptable views are obtained on the first visit that I will get one follow-up session (15 minutes) without additional fees. The sex of the fetus may or may not be able to be determined. There will be no refunds due to the nature of the service.

I will receive a CD-ROM with moving images and still pictures. This CD will become my property as part of the fee paid. I will not hold Neera Bhatia MD liable for any outcomes regarding this elective service.

All my questions have been answered to my satisfaction and I understand the above information.

Patient Name

Date

Witness

Date