



3D/4D Ultrasound Release Form

I am having a 3D/4D ultrasound study performed today by *Be. Women's Health and Wellness*. I understand that this is not a study that will be used for diagnostic testing of any kind. My physician has given express permission for me to have this non-diagnostic scan performed.

I also understand that I will be responsible for any expense incurred by this procedure.

Please note that you must have a release from your physician stating you have had a "diagnostic ultrasound" at the time of service. If you fail to bring this release you will be asked to reschedule. Of course, if you are a patient of ours we do not require this form.

Doctor _____ Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____

Home Phone# _____ Work Phone# _____

How did you hear about us? _____

Patient Signature

Date of Service