Consent for 3D/4D Ultrasound Prenatal Portrait

The 3D/4D Ultrasound Prenatal Portrait session is a relaxed, enjoyable ultrasound experience that allows you to visualize your unborn child. It is not a medical diagnostic study. 3D/4D ultrasound allows examination of surface structures of the fetus. This does not take into account the growth of your baby or structural abnormalities that may exist internally. 3D/4D ultrasound is available only if you have previously had a screening ultrasound in our facility or in another facility.

Approximately 4% of humans are born with some type of structural defect. A medical diagnostic ultrasound at 18 to 22 weeks of gestation is the best way to screen for those problems. Some babies are born with chromosomal abnormalities, such as Down Syndrome. The best time in the pregnancy to look for signs of this type of abnormality is at 12 weeks and again at 18 to 22 weeks. Again, 3D/4D ultrasound is not the best way to detect these abnormalities.

Although this ultrasound exam is not designed to detect abnormalities, on rare occasions we may find an abnormality during the ultrasound scan. Under these circumstances you will be informed and will have a discussion with a physician concerning the finding prior to your leaving the office.

Should you wish to know whether you are carrying a girl or boy, we can obtain that information for you, and we are correct more than 99% of the time. If you do not wish to know the gender of your child, we will respect that wish. However, please be aware that with 3D/4D ultrasound, gender is occasionally revealed during the course of the scan.

I have read and understand the above information. I understand that I am to have an elective ultrasound for a keepsake portrait, not for diagnostic purposes. I understand that this ultrasound does not screen for chromosomal or structural abnormalities. I have had a medical diagnostic ultrasound during this pregnancy between 18 and 22 weeks of gestation performed at

__________________________________________ (name of facility).

Print name ____________________________________ Signature __________________________________ Date ________________________