

**Elective 3D and 4D Ultrasound Consent Form**

Advanced OBGYN Associates is pleased to offer 3D and 4D ultrasounds as an elective service for our patients who would like a keepsake portrait and/or DVD. 3D ultrasound shows a three-dimensional picture of your baby and 4D gives the added dimension of time, allowing you to see your baby’s movements. Our sonographer is well trained and experienced in these new modalities and will do her best to make your ultrasound enjoyable.

Advanced OBGYN Associates follows the recommendation of the American Institute of Ultrasound in Medicine, which discourages the non-medical use of ultrasound for entertainment. *“The use of...ultrasound to only view the fetus...without a medical indication is inappropriate and contrary to responsible medical practices. Although there are no confirmed biological effects on patients caused by exposures from present diagnostic ultrasound instruments, the possibility exist that biological effects may be identified in the future.”* As we continue to study the long-term effects of prenatal ultrasound on humans, modern ultrasound equipment used today has vastly improved over equipment used just a decade ago.

Patients are most satisfied with 3-D/4-D images obtained at **26-28 weeks** gestation.

**Quick Notes for the 3D/4D Patient:**

1. **Schedule 3-D/4-D appointments early** to assist you with scheduling for the times that are most convenient for you and your family/friends.
2. **Over hydrate the week prior to your appointment**-this means to drink more water than you normally would. This allows the fetus space to move and creates an optimal scanning window to take pictures.
3. **If you are not diabetic, have a non-caffeinated, sugary drink 30-45 minutes before appointment (preferably fruit juice of any kind)**- this will help with the activity level of the fetus
4. **Bring friends and family**-remember the room is small and can become cramped and warm. We ask that all members of your party be present prior to the beginning of the scan. Due to the time constraints and courtesy to other scheduled patients, we will begin the scan on time and will not be able to wait for missing members of your party. Small children should always be accompanied by another adult.

**Advanced OBGYN Associates offered packages:** (Providing your own CD-ROM/DVD does not reduce the requested fee.)

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| 1. 3-D images(still prints), set of (5) 3D images                     | \$50.00  |
| 2. 3-D/4-D images(still prints) on CD and a set of (5) 3D images      | \$75.00  |
| 3. 3-D/4-D images(still prints) on DVD and a set of (5) 3D images     | \$125.00 |
| 4. 3-D/4-D images(still prints) on CD, DVD, and set of (5) 3-D images | \$175.00 |

\_\_\_\_\_ This ultrasound is an elective procedure that I have voluntarily requested, and is not intended to take the place of a diagnostic ultrasound or any other test or treatment that has been recommended by my provider. Because of its elective nature, this ultrasound is not covered by insurance. Therefore, advanced payment is required at the time of service.

\_\_\_\_\_ I understand the quality of the ultrasound and the DVD/CD images depends upon many factors. Advanced OB-GYN Associates makes every effort to capture a good image of my baby, but cannot guarantee the cooperation nor the position of the baby. I understand that every baby scans differently, depending on the gestational age, position, amount of amniotic fluid, placental location, and mother’s body habitus.

\_\_\_\_\_ I understand that if Advanced OB-GYN Associates is unable to get a good image of the baby, they have still provided the service of the ultrasound, thus Advanced OB-GYN Associates will not provide a refund if I am unhappy with the results.

\_\_\_\_\_ I also understand that my monthly payments for maternity care (if applicable) must be current in order to receive this service.

*“I have carefully read and initialed this document and by signing below, acknowledge that I fully understand and agree to its contents.”*

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Date \_\_\_\_\_