

Greater Washington
Maternal-Fetal Medicine
and **Genetics**



INFORMED CONSENT FOR ULTRASOUND

Your physician has requested that you undergo a diagnostic ultrasound. Simply stated, this procedure involves the transmission of sound waves reflected off your womb and fetus, which will be monitored and recorded digitally on or film to obtain information concerning your pregnancy. This test is believed to carry very little risk to you or your fetus (baby).

The standard ultrasound exam takes approximately 10 to 30 minutes to perform and may provide information concerning placental location, fetal position, multiple gestation (twins, etc.), approximate gestational age, and possible presence of certain gross fetal malformations. This test, however, is not definitive for the absence of fetal malformations, and despite a normal interpretation of the test, some babies are born with anomalies not identified by the examiner during the ultrasound study. Thus, although ultrasonography is a helpful diagnostic tool, it does not absolutely determine the absence of fetal defects. This type of exam is also done prior to performing genetic amniocentesis.

Should you have any questions concerning ultrasonography, please discuss them with your referring physician before undergoing the procedure. You are requested to sign this document prior to performance of your ultrasound exam, thereby acknowledging that YOU HAVE READ AND HAVE UNDERSTOOD THE INFORMATION CONTAINED HEREIN, AND HAVE GIVEN AN INFORMED CONSENT TO THIS PROCEDURE, AND ARE AWARE OF THE LIMITATIONS AND RISKS INVOLVED.

Patient Signature

Date

Witness Signature

Date

Patient Name