

# Baptist Hospitals of Southeast Texas

## *Prenatal Verification / Patient Consent*

### 3D/4D Ultrasound

\_\_\_\_\_ is currently a patient under my care for her pregnancy. She has undergone a full diagnostic ultrasound for anatomy to check for any abnormalities with this pregnancy.

The results of the Ultrasound were:

\_\_\_\_\_ Normal  
\_\_\_\_\_ Abnormal

If abnormal, please explain briefly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed  
Name \_\_\_\_\_ Ph # \_\_\_\_\_

#### **Patient Consent to Release Information:**

I authorize the above named physician and his/her staff to release the information above to Baptist Hospitals of Southeast Texas. Furthermore, I authorize that information may be provided via fax.

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_