Special Delivery Prenatal Imaging, LLP

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Prenatal Care Verification Form

Using the latest in 3D/4D fetal imaging, Special Delivery Prenatal Imaging, LLP allows your patients the opportunity to view their baby during a non- diagnostic ultrasound session. Our goal is to give parents a visual closeness with their unborn child and provide them with keepsakes of their baby. We do not provide measurements, determination of due dates or any other related diagnostic information. Our services are not intended as a replacement for a diagnostic exam. It is our policy that all women requesting an elective ultrasound provide documentation that they are receiving prenatal care. This form is a prerequisite before services can be completed. All ultrasounds will be performed by an ARDMS certified /registry eligible sonographer, using the latest technology in accordance with FDA regulations. If any emergent abnormalities are seen during our session, the patient's healthcare provider will be notified immediately.

My Patient_____ is currently receiving prenatal care for her pregnancy as directed. I herby authorize my patients request to obtain an elective ultrasound with Special Delivery Prenatal Imaging, LLP. I understand that by signing this form, I am simply verifying the above statements, and not providing an order or referral. The above patient has requested this exam on her own, and has been self-referred to Special Delivery Prenatal Imaging, LLP.

_____ _____/_____/_____

Obstetrician/Healthcare Provider's signature Month Day Year

Provider: _____ Date: _____

Printed: _____ Phone Number: _____

Address: _____ Fax Number: _____

_____

*Special Concerns: _____

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PATIENTS: PLEASE HAVE YOUR PROVIDER FILL OUT THE ABOVE INFORMATION AND EITHER FAX IT BACK TO US, OR BRING IT WITH YOU TO YOUR APPOINTMENT.