



Elective 3D and 4D Ultrasound Consent Form

For office use only:
PT #: _____ DR #: _____
DOB: _____
EDC: _____

Shannon Clinic is pleased to offer 3D and 4D ultrasounds as an elective service for our patients who would like a keepsake fetal portrait/DVD.

Elective ultrasounds for fetal portraits are not medically necessary and are not covered by any health insurance plan or flexible spending account. Payment of \$100 will be required in full for this service prior to the procedure. The quality of fetal portraits obtained varies depending upon the position and gestational age of the fetus as well as other factors. No refunds will be given for any reason.

The following information will assist you in evaluating the benefits and risks of ultrasound technology and provide you with the information required for you and your family to make an informed, educated decision regarding elective ultrasound for fetal portraits/DVD. After reviewing the information, feel free to seek clarification or additional information from your obstetrician.

1. Ultrasonic fetal scanning is generally considered safe if properly used to evaluate the size, location, number and age of fetuses, presence of some types of birth defects, fetal movement, breathing and heartbeat and is the current standard in prenatal care. Ultrasound is a form of energy, which even at low levels can produce physical effects in tissue. However, according to the US Food and Drug Administration (FDA) there is no evidence that these physical effects can harm a fetus.
2. Three (3) and four (4) dimensional ultrasound to obtain keepsake fetal portraits is an **elective, non-medically necessary procedure** which both the US Food and Drug Administration and the American Institute of Ultrasound in Medicine (AIUM) discourage due to the lack of information about long-term effects of ultrasound exposure.
3. The physicians at Shannon Clinic believe the risks to an expectant mother and a fetus for a brief, 30 minute elective ultrasound to be minimal. Due to the limited time, we will only allow 1 guest in the room during the session.
4. A qualified sonographer under the supervision of a radiologist performs all ultrasounds, including elective ultrasounds, performed at Shannon Clinic.
5. No fetal growth measurements or anatomical surveys will be performed or documented as part of the keepsake fetal portrait session. Nevertheless, fetal anomalies discovered during the session will receive appropriate medical response consistent with prenatal standards of care.
6. The required gestational age for fetal portraits is between twenty-six (26) and thirty (30) weeks because amniotic fluid levels are optimal and the fetus has adequate body fat and tissue.

I have read, fully understand and have received a copy of the above information. I have had the opportunity to discuss my questions and concerns with an obstetrician. I elect to proceed with an elective ultrasound to obtain fetal portraits/DVD.

Patient's Signature _____ Date _____

Witness Signature _____ Date _____

NO VIDEO OR PICTURES ARE ALLOWED DURING THE KEEPSAKE FETAL PORTRAIT SESSION