



A PROGRAM OF THE DELAWARE CENTER
FOR MATERNAL FETAL MEDICINE OF CHRISTIANA CARE

Ultrasound Consent Form

An ultrasound has been ordered on you by your physician. There are many reasons that this diagnostic test may have been ordered. An evaluation of your pelvis that may include uterus, ovaries and adnexa will be performed. The quality of ultrasound examinations are extremely dependent on the equipment utilized, the sonographer doing the ultrasound, your body habitus, previous abdominal/pelvic surgeries and the physician who interprets your exam.

Ultrasound examinations have never been shown to be harmful. This is not an x-ray. Ultrasound uses sound waves. The ultrasound produces a small burst of high frequency sound and then listens for the "echo" of the sound in your body. A computer then integrates this information to make the picture that you see on the screen. Many things can be seen pertaining to your pelvic organs.

Failure to have this ultrasound exam may make it difficult for your physician to make a diagnosis and care for you in the best possible way. There may be abnormalities in your pelvis that may benefit from diagnosis and treatment.

The utmost care and concern is given to you. Even so, ultrasound is not a perfect science and things can be missed or not seen depending on the position of your organs and your body composition. There are some abnormalities that are never seen with ultrasound.

I understand that ultrasound cannot see all things, but that it may be a very helpful tool to help manage my care. I have read this consent, fully understand the above information, and have had all my questions answered to my satisfaction.

_____ I **elect** to have an ultrasound performed on me.

_____ I **decline** to have an ultrasound performed on me.

Patient Signature _____

Date _____

Witness _____

Date _____