



Baby Pictures Ultrasound
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PRENATAL CARE VERIFICATION REPORT/PATIENT CONSENT FORM

To: Baby Pictures Ultrasound
RE: 4D Ultrasound

_____ is currently a patient under my care for her pregnancy, and I am aware she will be scheduling a 2D, or 3D/4D ultrasound at Baby Pictures.

Patient has had a normal second trimester anatomy ultrasound. Yes _____ No _____

Patient has normal Integrated Screening or Quad Screen. Yes _____ No _____

Provider (Print) Date

Signature Date

Phone

PATIENT CONSENT TO RELEASE FORM

I authorize the above named physician and his/her staff to release the information above to Baby Pictures Ultrasound. Furthermore, I authorize that this information may be provided, via fax, to Baby Pictures Ultrasound.

Patient (Print) Date

Signature Date