



**3D/4D Ultrasound  
Entertainment Purposes Only Consent**

I, \_\_\_\_\_(patient), consent to have an elective 3D/4D ultrasound performed on \_\_\_\_\_(date). I understand that the ultrasound is a non-diagnostic ultrasound and does not provide measurements, dating nor does it assess for fetal anomalies. I have had a previous ultrasound performed on \_\_\_\_\_(date) by my OB/GYN. Further, I understand that payment is due and payable prior to the ultrasound being performed. I am aware that there is no guarantee of obtaining clear views due to uncontrollable situations and the fee associated with the ultrasound is non-refundable.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_