

Perinatal Center of Iowa

Obstetrical Ultrasound

Ultrasound is energy in the form of high frequency sound waves. By reflecting signals from internal organs, the sound waves create images of the fetus during pregnancy. Although the long term effects of ultrasound are still being studied, no harmful effects to the woman or fetus have been found in over 25 years of use. In obstetrics, ultrasound is used as a diagnostic tool to evaluate the fetus and its surroundings.

* It can provide valuable information such as:

- Fetal age
- Fetal size and growth
- Fetal position, movement, and heart rate
- Placental location
- Amniotic fluid volume
- Fetal sex (not 100% accurate)
- Detection of some types of birth defects

* Although the ultrasound exam serves as a means of detecting birth defects, it will not rule out all congenital and chromosomal anomalies.

SEVERAL STILL "BABY PHOTOS" FROM THE EXAM WILL BE OFFERED TO YOU AT THE COMPLETION OF THE EXAM. OUR POLICY PROHIBITS THE USE OF CAMCORDERS.

AS A COURTESY, PERINATAL CENTER OF IOWA WILL BILL YOUR INSURANCE COMPANY FOR THE ULTRASOUND. INSURANCE COMPANIES HAVE MANY DIFFERENT REGULATIONS AND REQUIREMENTS REGARDING PAYMENT FOR ULTRASOUND. ANY NON-PAYMENT BY INSURANCE IS THE PATIENT'S RESPONSIBILITY.

First day of your last period _____

What due date were you first given? _____

Have you had an ultrasound done with this pregnancy? _____

If so, approximate date ultrasound was done: _____

Where was it done? _____

Number of total pregnancies: _____ Number of live born children: _____
(including current pregnancy)

AT THE TIME OF YOUR APPOINTMENT, A PHYSICIAN MAY NOT BE IN THE OFFICE TO IMMEDIATELY REVIEW YOUR ULTRASOUND. A SONOGRAPHER IS AVAILABLE TO PERFORM THE EXAM, BUT CANNOT PROVIDE A DIAGNOSIS WITHOUT FIRST CONSULTING OUR PHYSICIAN. YOUR REFERRING PHYSICIAN WILL RECEIVE A WRITTEN REPORT IN 1-2 BUSINESS DAYS FOLLOWING YOUR APPOINTMENT. IF THIS ARRANGEMENT IS NOT SATISFACTORY TO YOU, PLEASE TALK TO THE RECEPTIONIST ABOUT RESCHEDULING YOUR APPOINTMENT.

> I HAVE READ AND UNDERSTAND THE ABOVE <

X _____
Signature Date

Ultrasound

Patient Chart Copy
Revised: 8/9/04