



Covington Women's Health Specialists, LLC Obstetrics & Gynecology

p: 770.385.8954 fax: 770.385.8590
4181 Hospital Drive, Suite 104, 100, Covington, Georgia 30014

Souvenir 3D/4D Ultrasound Agreement

There are several things that you should know and understand before agreeing to have this ultrasound performed for entertainment purposes.

- This ultrasound is not a diagnostic ultrasound and is not being used for medical decision making. Your provider will schedule a diagnostic ultrasound for you at the appropriate time in your pregnancy.
- The 3D/4D ultrasound is best done between 28 and 32 weeks as this is the best time to capture a more realistic image of the physical characteristics of the baby.
- The 3D/4D ultrasound uses sound waves to create an image of the baby; it is not an X-ray and does not use radiation. Ultrasound is considered safe in pregnancy.
- The cost of a 3D/4D ultrasound done for entertainment purposes or to obtain souvenir images is NOT covered by any insurance company; therefore the cost must be paid before the ultrasound is performed.
- Your experience of seeing the baby on the ultrasound screen for an extended length of time is part of what you receive when you pay for this ultrasound.
- The quality of the images obtained during the 3D/4D ultrasound is entirely dependent on the position and movement of the baby, the size of the mother and the amount of amniotic fluid around the baby. The ultrasonographer will spend time with you to try to obtain the best images, but you must understand that NO REFUND is offered just because no "cute images" are captured.

Available Packages

_____ **I Gotta Know!** — package 1 - \$75.00
The baby will be imaged with 2D and 3D ultrasound to determine the gender if possible.
Must be 15 to 18 weeks pregnant. _____ (patient's initials)

_____ **Watch me Grow!** — package 2 - \$150.00
The baby will be imaged with 3D and 2D ultrasound with at least 6 images and a movement clip (4D) on a disc.
Must be 28 to 32 weeks pregnant. _____ (patient's initials)

_____ ****Bonus Package**** — package 3 - \$195.00
Know and Grow combined packages.
Must be paid in full at first ultrasound. _____ (patient's initials)

Payment and Entertainment Ultrasound Agreement

I understand the information outlined above concerning ultrasound performed for entertainment and souvenir purposes. This is not a diagnostic test. I understand that my insurance company will not pay for this ultrasound. I agree to pay the cost of the type of ultrasound that I have selected above before the ultrasound is done. I understand that there is no guarantee. I understand the NO REFUND policy.

_____/_____
Patient's Signature Date

_____/_____
Witness Signature Date

Cathy T. Larrimore, MD, FACOG

Jessie L. Bender, DO

Sherley C. Samuels, MD

Michelle D. White, MD

Brenda J. Barlowe, CNM, MSN

Denise Cochran, CNM, MSN

Barbara L. Susin, CNM, MSN, MPH

Natalie Whitworth, CNM, APRN

Kerry G. Dewberry, WHNP

Carrie W. Fleming, MSN, FNP-C