



Physician Order For Limited Diagnostic Ultrasound

_____ is currently a patient under my care for her pregnancy. She has undergone a level one ultrasound. I authorize her to have a limited diagnostic 3d/4d ultrasound.

Comments and Instructions:

Physician/Provider name

Physician/Provider Signature

Date

Address

City

Zip

Phone

Fax

This limited diagnostic ultrasound will not replace any diagnostic ultrasound scans or exams that are scheduled and/or performed by the physician. If you have any questions about our services, please contact us at 713-779-6000 or visit us at www.ExpectationUltrasound.com

Fax back to 281-715-2501