



19550 E. 39th Street, Suite 300
Independence, Missouri 64057

3D Ultrasound Release Form

I am having a 3D ultrasound study performed today by Independence Women's Clinic. I understand that this is not a study that will be used for diagnostic testing of any kind. My physician has given express permission for me to have this non-diagnostic scan performed.

I also understand that I will be responsible for any expense incurred by this procedure.

Please note that you must have a release from your physician stating you have had a "diagnostic ultrasound" at the time of service. If you fail to bring this release you will be asked to reschedule.

The session fee is \$100. There will be a \$25.00 sitting fee charge if we are unable to obtain suitable pictures.

Doctor _____ Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____

Home Phone# _____ Work Phone# _____

How did you hear about us? _____

Patient Signature

Date of Service