



Miracle Within Ultrasound
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PRENATAL CARE VERIFICATION / PATIENT CONSENT

To: Miracle Within Ultrasound
RE: 4D Ultrasound

_____ is currently a patient under my care for her pregnancy. She has undergone a full diagnostic ultrasound during the second trimester of her pregnancy.

The results of the ultrasound were:

_____ Normal

_____ Abnormal

If abnormal, please explain briefly:

Patient Consent to Release Information

I authorize the above named physician and his/her staff to release the information above to Miracle Within Ultrasound.

Furthermore, I authorize that this information may be provided to Miracle Within Ultrasound via fax.

Thank you,

Print Name _____ Date _____

Signature _____

Provider Signature

Name: _____

Printed: _____

Date: _____