



# MORRIS COUNTY HOSPITAL 4-D ULTRASOUND

*Written permission from your physician is required prior to receiving the ultrasound.*

**This patient is under my care and has had a prior OB Diagnostic Ultrasound at \_\_\_\_\_.**

**Physician Name** (please print) \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

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I understand that this is not a diagnostic procedure and that a radiologist will not interpret these images or provide a report to my physician. I further understand that by signing this document I am waiving any responsibility or liability by Morris County Hospital, and Sonovision, or my physician, including but not limited to any future diagnosis which might be made at a later date from images taken during this session. The undersigned further agree(s) to indemnify and hold Morris County Hospital and their physician harmless from any legal action brought by or on behalf of their unborn child arising from this procedure.

I hereby authorize Morris County Hospital to verify my prior Diagnostic Ultra Sound.

**Patient Name** (please print) \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

Please understand that every effort is made by our Registered Ultrasound Techs to get the best picture that we can of your child. However, there are some factors beyond our control such as fetal position, gestational age, and amniotic fluid.

***Full payment is due before we can start the scan.  
Your insurance company will not pay for this sonogram.***