



First Impressions

4-D Ultrasound

at Sumner Regional Medical Center

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

Physician Name (please print) _____

Physician Signature

Date

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 Sumner Regional Medical Center 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 SRMC and their physician harmless from any legal action brought by or on behalf of their unborn child arising from this procedure.

Patient Name (please print) _____

Patient Signature

Date



Sumner Regional
Medical Center

Professional Service,
Personal Care