



Baby Love Ultrasound
1100 Gulf Freeway, Suite 106
League City, TX 77573

Phone: (832) 932-5632
Fax: (832) 932-5631

Info@BabyLoveUltrasound.com
www.BabyLoveUltrasound.com

ULTRASOUND AUTHORIZATION

Name: _____

is authorized to have a 3D/4D Ultrasound(s) at Baby Love Ultrasound. I will not be interpreting this ultrasound and am providing authorization solely at the patient's request.

Doctor's Information

Name: _____

Address: _____

Phone: _____

Signature: _____ **Date:** _____

Patient Consent to Release Information

I request that the above named physician or his/her staff provide authorization to have an elective 3D/4D Ultrasound at Baby Love Ultrasound. I further provide authorization to have the above information released to Baby Love Ultrasound via mail, fax or in person.

Thank you,

Print Name: _____

Signature: _____ **Date:** _____