



**FIRST IMPRESSIONS**  
ULTRASOUND

**First Impressions Ultrasound**  
1620 Bonnie Lane - Suite 104  
Cordova, Tennessee 38016

**Tel: (901) 328-7203**  
**Fax: (901) 473-1606**

info@4DFirstImpressions.com  
www.4DFirstImpressions.com

**PRENATAL CARE VERIFICATION / PATIENT CONSENT**

To: First Impressions 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 First Impressions Ultrasound.

Furthermore, I authorize that this information may be provided to First Impressions Ultrasound via fax.

Thank you,

\_\_\_\_\_  
Print Name                      Date

\_\_\_\_\_  
Signature

**Provider Signature**

Name: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_