

Routine Obstetrical Ultrasound Disclosure/Consent Statement

During the **routine second or third trimester ultrasound**, if the patient (mother) chooses, determination of the fetal gender (sex of the baby) will be attempted. Please note the following:

- Ultrasound is not always accurate in determining the sex of an unborn child. Therefore, there is a small risk that the gender impression from today’s exam may not be correct.
- The position of the fetus may not allow for assessment of the baby’s gender.
- In keeping with national guidelines, the exam will not be prolonged or repeated solely to determine fetal sex.
- The primary purpose of the fetal ultrasound is to assess the health of the baby so it is important that the medically necessary portion of the scan be performed prior to disclosing the sex of the baby. The scan takes approximately 45 -60 minutes.

If you, the mother, wish to have fetal gender determination attempted, please sign this form and bring it to your scheduled appointment.

I confirm that I have read, or have had read to me, and understand the above statements.

Date

Patient’s (mother’s) Signature

If you do not want to know the sex of the baby, this form is not required. Please inform the sonographer of your wishes at the beginning of the scan.

The sonographer’s impression of the baby’s sex is _____

Date

Patient’s (mother’s) Signature