InnerView ULTRASOUND
365 Lancaster Ave - Suite #6
Frazer, PA 19355

(610) 408-9100 voice
(610) 408-0991 fax

PRENATAL CARE VERIFICATION

To: InnerView 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 InnerView Ultrasound in Frazer, Pennsylvania.

Further, I authorize that this information may be provided to InnerView Ultrasound via facsimile.

Thank you.

_____ _____
Print Date

_____
Signature

Provider Signature

Signature: _____

Printed: _____

Date: _____