



The Inside Story Ultrasound
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PHYSICIAN ORDER FOR LIMITED DIAGNOSTIC ULTRASOUND

_____ is currently a patient under my care for her pregnancy. She has undergone a level _____ one ultrasound, and I authorize her to have a limited diagnostic ultrasound at The Inside Story Ultrasound. This limited diagnostic ultrasound will not take the place of any provider-ordered ultrasound, nor will any equipment be utilized without express authorization of a licensed practitioner.

The results of the ultrasound were:

_____ Normal

_____ Abnormal

Additional comments/instructions:

Patient Consent to Release Information

I authorize the above named physician and his/her staff to release the information above to The Inside Story Ultrasound.

Furthermore, I authorize that this information may be provided to The Inside Story Ultrasound via fax.

Thank you,

 Print Name Date

 Signature

Physician Information

Print Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____