



Scott M. Gulinson, MD, PC  
Board Certified Women's Health Care Services  
Fellow, American College of OB/GYN Physicians  
OBSTETRICS, GYNECOLOGY, INFERTILITY and  
ULTRASONOGRAPHY

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**ULTRASOUND CONSENT**

I \_\_\_\_\_, hereby authorize and give my consent for an Obstetrical or Gynecology Ultrasound to be performed at the office of Scott Gulinson MD. I understand that, while this ultrasound will include a general survey of fetal anomalies/abnormalities as its primary function. Some abnormalities, if present may be reasonably be missed. Additionally, this exam may suggest the need for a more comprehensive survey. **THIS IS A MEDICAL EXAM.** The intent is NOT for the purpose of determining sex or making a CD.

Our Ultrasound technician has a very tight schedule and has set up a special time for you, it is important that you keep your appointment. If you are unable to keep your appointment please call the office within 24 hours prior to your appointment. If you do not call to cancel or reschedule you are denying another patient the opportunity to be seen in your time slot.

**IF YOU DO NOT CALL WITHIN 24 HOURS YOU WILL BE BILLED \$50.00 FOR THE ULTRASOUND. THIS IS NOT BILLABLE TO YOUR INSURANCE.**

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Patient Signature

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Date