



Patient Release of Liability

I _____ understand that the 4D Ultrasound is a non-clinical procedure. I also understand that this procedure will allow me to see a picture image of my baby. The images are not for diagnostic purposes, and will not be viewed nor interpreted by a physician. Therefore, I release and hold harmless Tomball Hospital Authority, Tomball Regional Medical Center, Conroe Tomball Radiology Associates, and all employees from any and all claims, judgments, demands, disputes, and causes of action in connection with my 4D Ultrasound. **I am aware that the optimum timeframe for the 4D Ultrasound is between the 25th and 28th weeks of my pregnancy.**

Patient Name- Printed

Patient Signature

Date

Witness

Date

Obstetrical Physician Name

Hospital Affiliation

Phone Number