



Prenatal Care Verification

At Sneak-A-Peek Imaging, LLC we provide elective, limited diagnostic ultrasounds. We do not provide determination of due dates, measurements, or any other related diagnostic information. At Sneak-A-Peek Imaging, LLC we allow your patients a comfortable and safe ultrasound with the goal of increasing the special bond between the unborn baby and family.

Our limited ultrasound service is not a replacement for full physician care or your health care providers diagnostic ultrasound.

To: Sneak-A-Peek Imaging, LLC 3D/4D Ultrasound

_____ is currently a patient under Dr. _____
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:

I authorize my patient to receive a limited diagnostic ultrasound:

2D Ultrasound

3D Ultrasound

PROVIDER INFORMATION

Address: _____

City/ State/Zip _____

Phone _____ Fax _____

Patient Consent to Release Information

I authorize the above named **Physician and his/her staff** to release the information above to Sneak-A-Peek Imaging LLC. Furthermore, I authorize that this information may be provided to Sneak-A-Peek Imaging LLC via Fax (281)431-0541.

Patient Name Signature Date