

ULTRASOUND ACKNOWLEDGEMENT AND INFORMED CONSENT

I, _____, consent to have an ultrasound performed by BSSI to determine the probable gestational age of the pregnancy at the time of my termination of pregnancy. The cost of the ultrasound is \$250 and not refundable. It is applied toward the payment of the termination. The ultrasound image cannot be copied, duplicated, or provided. It is used for fetal dating only.

(Please initial)

_____ I understand and acknowledge that if I decide to not terminate this pregnancy, the staff and physicians of BSSI are not responsible for any further care that I may require or desire and does not constitute his/her responsibility as my attending physician.

_____ I understand and acknowledge that in accordance with Florida law, it is required that a Physician, (or other qualified person), perform an ultrasound and inform a patient seeking to terminate a pregnancy of the probable gestational age of the fetus, and be offered the opportunity to view contemporaneous ultrasound images and have them explained.

_____ I understand and acknowledge that I have the opportunity to view the ultrasound images and hear an explanation.

_____ I understand and acknowledge that in the event the pregnancy is over 13 weeks LMP (last menstrual period) and/or is a multiple gestation, I will be notified of this information.

(Please circle either YES or NO for each of the following)

- 1. **YES NO** I request to view the ultrasound image.
- 2. **YES NO** I request to hear an explanation of the ultrasound results.

I certify the decision to view the images or hear the explanation were not based on any undue influence from any person to discourage me from doing so. This decision was made of my own free will.

Patient Signature Date

Staff Witness Date

To be signed with Authorized Medical Provider: (Please initial your choice)

_____ I have decided to opt out of viewing or hearing the ultrasound images.
_____ I have received and am satisfied with the viewing and/or explanation.
_____ "Fetal Development and Alternatives to Terminating a Pregnancy" printed materials from the Florida Department of Health have been made available to me.

A physician orally and in person informed me of:

_____ The nature and risks of the abortion procedure I am considering having.
_____ The risks of carrying to term.
_____ The estimated gestational age of the fetus, verified by ultrasound today, and at the time of my projected appointment.
_____ I understand that if the abortion date is postponed, I must add on each additional day to the probable gestational age of the fetus.

Patient Signature Date Time

**I herby certify that I have orally and in person informed this patient of the above.
() Medical Abortion () Surgical Abortion () Second Trimester Abortion.**

Authorized Medical Provider Signature Date Time