



Kountry Imaging and Massage, LLC

Prenatal Care Verification Form

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KountryIM.com • Online Scheduling

Elective 3D/4D Ultrasound

Medical Provider Name _____

Your patient _____

Has requested a non-diagnostic 3D/4D ultrasound be performed at Kountry Imaging and Massage on the date of _____.

Using the latest in 3D/4D fetal imaging, Kountry Imaging allows your patients to view their baby during a relaxed and personalized ultrasound session. We offer a non-diagnostic ultrasound. We do not provide measurements, determination of due dates or other related diagnostic information. Our services are not intended as a replacement for a full diagnostic fetal ultrasound.

Sonographers are registered with ARDMS, and use the latest technology in accordance with FDA regulations. We offer the highest quality in external 4D, 3D and 2D imaging and provide a nurturing atmosphere where fetal cardiac activity, fetal number and gender are verified, when possible. Our mission is to provide our clients with the opportunity to see pictures of their unborn baby in a relaxed atmosphere with their family members. It is one of the most exciting and memorable times in a parents life.

We require all of our clients to receive prenatal care, and that their healthcare provider be informed, that an elective ultrasound has been requested. If this is not your patient, or you have any questions regarding our services, or you do not want your patient to use our supplemental service, please contact us. This service will be provided at no liability to you or your office.

The patient's healthcare provider will be notified immediately if any problems are seen during our session or sessions.

I hereby authorize my patients request to obtain an elective ultrasound with Kountry Imaging and Massage LLC.

Obstetrician/Healthcare Provider's signature

Request More Information?

Please call and one of our friendly staff members will be happy to assist you.