



Sweet Pea Imaging - 3D/4D/HD Ultrasound  
ADDRESS: 105 S CHENANGO ST SUITE 1 ANGLETON, TX 77515  
PHONE: 979-334-5023 - EMAIL: info@SweetPeaImaging.org  
www.SweetPeaImaging.org

## ULTRASOUND AUTHORIZATION

Name: \_\_\_\_\_

is authorized to have a 3D/4D Ultrasound(s) at Sweet Pea Imaging. I will not be interpreting this ultrasound and am providing authorization solely at the patient's request.

### Doctor's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Patient Consent to Release Information

I request that the above named physician or his/her staff provide authorization to have an elective 3D/4D/HD Ultrasound at Sweet Pea Imaging. I further provide authorization to have the above information released to Sweet Pea Imaging via mail, fax or in person.

Thank you,

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_