



Sweet Baby O' Mine Ultrasound
Cypress Square Shopping Center
13451 McGregor Blvd. ~ Suite #21
Ft. Myers, FL 33919

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PRENATAL CARE VERIFICATION

To: Sweet Baby O' Mine
Re: 4D Ultrasound

_____ is currently receiving prenatal care for her pregnancy, and has completed a first or second trimester diagnostic ultrasound.

The results of the ultrasound were: _____ Normal _____ Abnormal

If abnormal, please explain briefly: _____

Provider Signature

Name: _____

Printed: _____ Date: _____

Patient Consent to Release Information

I authorize the above named physician and his/her staff to release the information above to Sweet Baby O' Mine. Furthermore, I authorize that this information may be provided to Sweet Baby O' Mine via fax.

Thank you,

Signature: _____

Print Name: _____ Date: _____