



Sweet Baby O' Mine Ultrasound  
Royal Palm Square  
1400 Colonial Boulevard. - Suite #19  
Ft. Myers, FL 33907

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**PRENATAL CARE VERIFICATION**

To: Sweet Baby O' Mine  
Re: 3D, 4D & Real View HD Ultrasound

\_\_\_\_\_ is currently receiving prenatal care for her pregnancy.

At this time we \_\_\_\_ Have \_\_\_\_ Have Not completed a first and/or second trimester diagnostic ultrasound.

The results of the ultrasound were: \_\_\_\_ Normal \_\_\_\_ Abnormal or, \_\_\_\_ N/A as an ultrasound has not been performed.

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 mail/USPS or email.

Thank you,

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

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