



The Inside Story Ultrasound  
 4141 Southwest Freeway - Suite 280  
 Houston, Texas 77027

**Tel: (713)752-2229**  
**Fax: (713)752-2228**

info@theinsidestoryultrasound.com  
 www.theinsidestoryultrasound.com

**PHYSICIAN ORDER FOR LIMITED DIAGNOSTIC ULTRASOUND**

\_\_\_\_\_ is currently a patient under my care for her pregnancy. She has undergone a level one ultrasound, and I authorize her to have a limited diagnostic ultrasound at The Inside Story Ultrasound. This limited diagnostic ultrasound will not take the place of a level one ultrasound, nor will any other equipment be utilized without express authorization of a licensed practitioner.

The results of the ultrasound were:

\_\_\_\_\_ Normal

\_\_\_\_\_ Abnormal

Additional comments/instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Patient Consent to Release Information**

I authorize the above named physician and his/her staff to release the information above to The Inside Story Ultrasound.

Furthermore, I authorize that this information may be provided to The Inside Story Ultrasound via fax.

Thank you,

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

\_\_\_\_\_  
 Signature

**Physician Information**

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_