

# GENERATIONS OB+GYN

## ULTRASOUND USB INFORMATION

Ultrasounds ordered by your physician for medical purposes are billed directly to your insurance company for the medical component only. In addition, you may select from the following patient paid service options;

PHYSICIAN ORDERED STANDARD 4D ULTRASOUND..... \$ 100  
 With Twins ..... \$ 150

Includes:

A USB of your baby along with approximately 4-8 pictures. *(This is a physician ordered sonogram for medical purposes and needs to be scheduled by the patient as a '4D ultrasound appointment'.*

PATIENT REQUESTED 4D ULTRASOUND..... \$ 150  
 With Twins ..... \$ 200

Includes:

A USB of your baby along with approximately 4-8 pictures. *(For best results it is recommended you be 25-28 weeks).* The anatomy and growth of the baby is not evaluated during this type of appointment. A patient consent form is necessary.

*The technician always strives for the best images possible. Occasionally the position of the baby does not allow for the 'best' pictures. Generations still charges the above fees for the time allotted for your appointment.*

Payment in full is collected at time of your ultrasound.

CANCELLATION POLICY: A \$50 fee is charged for appointments not cancelled within a 24 hour notice.

Rev 2/20

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*Providing Excellence In Women's Healthcare*

## PREPARATION FOR OB ULTRASOUNDS AND AMNIOCENTESIS

1. Empty your bladder 90 minutes before the exam. Drink 20-24oz. of any fluid 60 minutes before the exam.

*NOTE: A full bladder is needed for certain parts of the exam but not so full that it is painful.*

2. Please eat something before the exam; this helps make the baby active.

3. Please limit the number of guests to 3, have someone with you to supervise children.

4. Guests will need to wait until the fetal evaluation is complete before they will be invited into the ultrasound room.

5. Please do not bring children to amniocentesis or sonohysterogram appointments.

6. Please refer to the reverse side for additional services available at your ultrasound appointment.

Date \_\_\_\_\_ Check-In Time \_\_\_\_\_

<input type="checkbox"/> Dr. Sanborn	<input type="checkbox"/> Dr. Loehrke	<input type="checkbox"/> Cheryl, PA-C	<input type="checkbox"/> Erin, NP-C
<input type="checkbox"/> Dr. McCloskey	<input type="checkbox"/> Dr. Lippincott	<input type="checkbox"/> Jennifer, WHNP-C	<input type="checkbox"/> Jeanna, WHNP-C
<input type="checkbox"/> Dr. Dykowski	<input type="checkbox"/> Dr. Sobolewski	<input type="checkbox"/> Katie, PA-C	<input type="checkbox"/> Kate, MSN, RN
<input type="checkbox"/> Dr. Huston	<input type="checkbox"/> Dr. Perlin	<input type="checkbox"/> Nikki, PA-C	<input type="checkbox"/> Other _____

COURTESY REMINDER: If you do not arrive at your check-in time, you may be asked to reschedule.  
 CANCELLATION POLICY: A \$50 fee is charged for appointments not cancelled within a 24 hour notice.

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