

North Caddo
Medical Center
3D/4D Ultrasound

___Heartbeat Bundle – \$30

This package is great for that first glance, or for moms (8 weeks) who are experiencing pregnancy jitters. This ultrasound will show you movement and give you a listen to your baby's heartbeat. This package includes a printed black and white picture. Session – 5 to 10 minutes

___2D Gender Bundle – \$ 75

Gender reveal time!! Moms who are at least 14 weeks, this is for you! This package includes a 20-minute session, 5 printed black and white pictures and a USB with 10 images of your baby's gender and setting. You will also hear the baby's heartbeat. One reschedule is offered, for no additional cost, for babies who are being shy.

___3D/4D Play Bundle – \$ 100

Do you want to see it all, sweet cheeks and toes? Moms who are between 26-32 weeks, see your sweet baby's features, while still safe inside you. The session is 30 minutes and includes 10 black & white printed pictures and a USB with up to 20 color images (including clips in motion). One reschedule is offered, for not additional cost, for babies who are being shy.

___Add-Ons

Printed B&W Pictures – \$5 Each

Before your appointment... Don't Forget!!

Please drink at least 24 ounces of water before your Ultrasound to improve image quality. Increased water consumption throughout your pregnancy will promote clear amniotic fluid and should increase the amount of fluid around the baby...and it's great for your health!

Eat a meal (be sure to include natural sugars) before your 3D/4D ultrasound.

This will promote activity during ultrasound.

Appointment & Payment Information

Please call NCMC Admitting at 318-375-4035 to schedule your appointment. When scheduling your appointment, you will be asked for your credit card information to pay a \$25 deposit. This deposit will be reimbursed if you need to cancel or reschedule your appointment when NCMC is notified up to 24 hours in advance of your appointment date/time.



Consent for Elective Non-Diagnostic Ultrasound

I hereby authorize North Caddo Medical Center to perform an elective, non-diagnostic ultrasound on me and my baby in a 2D, 3D, or 4D setting. I choose to have this procedure and I understand that the purpose is not for diagnostic reasons. I understand that this ultrasound is not intended to detect obstetrical problems or fetal birth defects. I completely understand that these procedures are only used for the following purpose:

- 2 and 3 dimensional view of my baby in the womb
- 3D imaging with real time (4D)
- to view my baby through ultrasound for keepsake
- to obtain an ultrasound technicians opinion of my baby's gender

I agree that these services are not covered by insurance and will be paid for at the time of services. My fee is to include a \$25.00 deposit. I agree that I am under the care of a physician for this pregnancy.

I understand that during ultrasound, an optimal view of my baby may not be available due to the baby's current position in the womb or the amount of amniotic fluid present. In that case, I understand that I will be asked to return for one additional ultrasound at no cost.

I acknowledge that I have read and understand the information in this document and agree to all the terms stated.

Patient Signature: _____

Print Name: _____

Date: _____



3D/4D Ultrasound Patient Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

SSN: _____ Physician: _____

Date of Birth: _____ Email: _____

Emergency Contact: _____
