

Knoxville Center for Reproductive Health (KCRH)

1547 W. Clinch Avenue, Knoxville, TN 37916

(865) 637-3861 | (800) 325-5357

Ultrasound Examination Consent

I consent to the staff of the Knoxville Center for Reproductive Health performing an ultrasound in order to determine the length of my pregnancy. I understand that the intent of this ultrasound is **only** to determine the length of pregnancy, and is not intended to determine abnormalities of my pregnancy, fetus, or reproductive tract. I understand that there are limitations to all imaging techniques, and that no technique is 100% accurate or reliable. I release the Knoxville Center for Reproductive Health and its employees from any liability arising from this test, particularly in regards to any abnormalities of my pregnancy, fetus, or reproductive tract that have not been evaluated by this ultrasound.

Date

Patient's Signature

Witness