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CONSENT FOR TRANSVAGINAL ULTRASOUND EXAMINATION

Name: _____ Date: ___/___/___

Date of Birth: ___/___/___ Height: _____ Weight: _____

I hereby give the Ultrasound Unit permission to perform a transvaginal ultrasound, a study that requires the insertion of a probe into the vaginal canal to properly visualize the anatomy of the female pelvis.

1. The purpose, procedure and risks of this procedure have been explained to me.
2. I understand that I can terminate the procedure at any time.
3. I understand that I am responsible for immediately telling the Sonographer if I am having any discomfort and/or unusual symptoms during the procedure.
4. I have the option to have a second person present in the room during this procedure. Please select one of the following:
 - Have someone present
 - Do not have someone present
5. I have read this consent form and understand its terms. I am signing it willingly and voluntarily.

Patient Signature: _____ Date: ___/___/___

Witness Signature (if applicable): _____ Date: ___/___/___

Sonographer Signature: _____ Date: ___/___/___