Lufkin Women's Center
OBSTETRICS, GYNECOLOGY & INFERTILITY

LUFKIN WOMEN'S CENTER
102 WESTSIDE MEDICAL BLVD.
LUFKIN, TX 75904

Ultrasound Informed Consent

My doctor has recommended an ultrasound. I understand that this ultrasound is to be performed to check fetal growth, fetal number, dating of my pregnancy, as well as other information that will be helpful in following my pregnancy. I understand that a routine ultrasound is not performed to detect congenital defects, although occasionally certain large defects may be identified. I also understand that ultrasounds are only 75% accurate in determining the sex of my baby and are not specifically performed for this purpose.

By signing this form, I acknowledge that I have been given all the information I desire concerning this procedure and have had all my questions answered.

Patient Signature: _____

Date: _____

Witness Signature (optional): _____

Date: _____

Revised 11/20/25