

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: _____

All articles and any forms, checklists, guidelines and materials are for generalized information only and should not be reviewed or referred to as primary legal sources nor construed as establishing medical standards of care for the purposes of litigation, including expert testimony. They are intended as resources to be selectively used and always adapted with the advice of the organization's attorney-to meet state, local, individual organizations and department needs or requirements. They are distributed with the understanding that neither Texas Medical Liability Trust, nor Texas Medical Insurance Company, nor Lone Star Alliance, Inc., a Risk Retention Group, is engaged in rendering legal services.

Revised 11/20/25