

****For office use only****

Patient Account Number



Ultrasound Patient Policy Acknowledgment Waiver

At Virginia Physicians For Women, we are dedicated to providing our patients with high quality care. To ensure our patients have a comfortable, informative and positive visit, we ask that you take a moment to review and acknowledge your understanding of the VPFW Ultrasound policies.

Family and Friends Policy

VPFW promotes and supports a patient and family centered approach to care. We recognize this is a very special experience for the patient and their family/friends.

One (1) adult guest may be invited into the ultrasound room during your appointment. In an effort to give each patient the most detailed care in the time allotted, we will not be permitting guests to "swap" mid-visit. Please be mindful that the ultrasound technologist is checking on the wellbeing of your baby and we want to ensure you and your baby are of the greatest health. If the guest becomes excessively distracting during the scan, our ultrasound technologists will ask him/her to wait outside of the exam room until the scan has been completed

Electronic Devices

Our priority is to deliver quality care to our patients. In order to do so, **use of cell phones and other electronic/recording devices by patients or visitors are prohibited in the ultrasound exam room.** At the end of your scan, we provide our patients with multiple pictures of their baby to take home. Please be respectful of our policy and do not attempt to take pictures or record the scan. If patients refuse to obey policy, our ultrasound technologists will stop the scan and ask you to leave.

Late Policy

VPFW ultrasounds are very detailed and require a significant amount of the technologist's time. Therefore, if you are late arriving for your appointment, you may need to be rescheduled to another day to ensure that our technologists have all of the time they need to complete the study. **Please be aware of this and plan to arrive at least 15 minutes early to ensure that you don't encounter any unexpected delays.**

We appreciate your cooperation and support of our established policies. We are excited to share this special time in your life.

By signing below, you acknowledge your agreement to following the policies outlined above in regards to guest and electronic devices:

Name: _____ Date: _____