

Visions of Love Ultrasound

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Denton, TX 76207
Ph#: 940-387-2229
Fax: 940-387-2958

Physician Order for Limited Diagnostic Ultrasound

_____ is currently a patient under my care for her pregnancy.

I authorize her to have a limited diagnostic 2D/3D/4D ultrasound.

Comments and Instructions:

Physician / Provider name

Physician / Provider Signature

Date

Address

City

Zip

Phone

Fax

This limited diagnostic ultrasound will not replace any diagnostic ultrasound scans or exams that are scheduled and/or performed by the physician. If you have any questions about our services, please contact us at 940-387-2229 or visit us at www.visionsofloveultrasound.com

Please fax back to 940-387-2958