Gulf Coast
MRI & Diagnostic
www.gulfcoastmri.com

3692 E Sam Houston Pkwy S, Suite 200
Pasadena, TX 77505

Phone: (281) 991-1674
Fax: (281) 991-3800

3D/4D ULTRASOUND AUTHORIZATION

Name: _____

is authorized to have a limited diagnostic 3D/4D Ultrasound(s) at Gulf Coast MRI & Diagnostic. I will not be interpreting this ultrasound and am providing authorization solely at the patient's request.

Comments:_____

_____

Doctor's Information

Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Patient Consent to Release Information

I request that the above named physician or his/her staff provide authorization for me to have a limited diagnostic 3D/4D Ultrasound at Gulf Coast MRI & Diagnostic. I further provide authorization to have the above information released to Gulf Coast MRI & Diagnostic via mail, fax or in person.

Print Name: _____

Signature: _____ Date: _____