



Lifecare Primary Medical Associates, PLLC

633 E Fernhurst Dr. Suite 202. Katy, TX-77450, Tel: 281-712-7757, Fax: 281-712-7758

CONSENT FOR SCREENING ABDOMINAL ULTRASOUND

In order to determine an appropriate plan of medical management, I _____, consent to abdominal ultrasound.

Why the test is performed: Ultrasound imaging of the abdomen uses sound waves to produce pictures of the structures within the upper abdomen. It is used to help diagnose pain or distention (enlargement) and evaluate the kidneys, liver, gallbladder, bile ducts, pancreas, spleen and abdominal aorta. Ultrasound is safe, noninvasive and does not use ionizing radiation.

Risks: There are no risks specifically associated with this procedure.

Patient Name

DOB

Patient Guardian Signature

Date

Nurse

Witness Signature



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CONSENT FOR PROSTATE AND BLADDER ULTRASOUND

In order to determine an appropriate plan of medical management, I
_____, consent to

Ultrasound examination of the prostate and surrounding structures is used in the diagnosis of prostate cancer, benign prostatic enlargement, prostatitis, prostatic abscesses, congenital anomalies and male infertility and for the treatment of prostatic cancer, abscesses, and benign prostate enlargement.

Risks: There are no risks specifically associated with this procedure.

Patient Name (Please Print)

DOB

Patient or Guardian Signature

Date

Nurse

Witness Signature