

## CONSENT FOR TRANSVAGINAL ULTRASOUND EXAMINATION

Hereby consent to the performance of a Transvaginal Ultrasound Examination by,	
(Technologist)	
<ol> <li>The procedure has been explained to me, and I have read the information and I understand the following:         <ol> <li>The Ultrasound Transducer will be placed in my vagina.</li> <li>It is necessary to move the transducer during the procedure to obtain images.</li> <li>The procedure will take approximately 15-20 minutes to perform.</li> <li>If I prefer, I may insert the transducer myself, otherwise this will be done by the person performing the examination (named above).</li> <li>I understand that a third person may be present during the examination acting as a chaperone should I so desire.</li> <li>I may request the examination be stopped at any time during the procedure.</li> </ol> </li> </ol>	•
Signature of Patient	
Patient's Agent or Representative or Guarantor Relationship to Patient	
Date:	
Chaperone: Printed name Signature:	