



מרכז רפואי ע"ש ברוך פדה, פוריה  
The BARUCH PADEH Medical Center, PORIYA

מס' זהות:	שם פרטי:
שם משפחה:	תאריך לידה:
שם האב:	כתובת:
טלפון:	מדבקת פרטי מטופל

## הסכמה לבדיקת אולטראסאונד עוברי - הצהרת הנבדקת CONSENT FORM: FETAL ULTRASOUND EXAMINATION

1. I have been informed that the fetal ultrasound examination is (mark the examination to be performed):

- Basic examination** at \_\_\_\_\_ week (according to circular of the director general of the Ministry of Health 1995)
- Extensive early examination** at \_\_\_\_\_ week
- Extensive late examination** at \_\_\_\_\_ week
- Specific examination** at \_\_\_\_\_ week for \_\_\_\_\_ system

2. The examination is being performed **at the request of the woman/** on the **referral of a physician\***

The medical reason for the referral \_\_\_\_\_

**In the absence of a reason for the referral, the approach in the examination is to a low risk pregnancy.**

The data to be examined are those that will be indicated and marked on the report form.

3. A basic examination is a restricted examination in which only basic data are reviewed, considering the age of the pregnancy as it appears on the examination form.
4. I have been informed that the ultrasound examination is limited and cannot profess to identify all the possible defects or abnormalities of the fetus in every case and every pregnancy.
5. I have been informed that there are abnormalities or defects that cannot be definitely diagnosed by ultrasound (such as: Down's syndrome, genetic diseases, infectious diseases, etc.).
6. I have been informed that the degree of accuracy and the ability to locate abnormalities or defects depend on the nature of the finding (such as: defects of fingers), age of the pregnancy, the position and posture of the fetus, its movements and the transferability of the sound waves.
7. I have been informed that the results of the examination reflect, with the existing limitations, the condition at the time of the examination and that there are defects that are liable to develop or to become apparent only with continuation of the pregnancy (such as: types of dwarfism, heart and brain abnormalities, etc.).
8. I have been informed that when an abnormal finding is observed in the examination, it will be necessary, according to the decision of the treating physician, to carry out additional examinations (such as: echocardiogram of the heart and others).
9. I have been informed that the early extensive examination performed at 14-16 weeks does not replace the late extensive examination that can be performed at 19-24 weeks.
10. It is possible to carry out additional examinations also without a special finding, at my request and at my expense.

**I have been informed that in every case I must show the results to the treating gynecologist.**

**After I have understood all of the above, I hereby consent to the examination with the limitations appearing above.**

מחלקת נשים ויולדות



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**מדבקת פרטי מטופל**

**For your attention: Examinations in public institutions are carried out according to the "basket of health services."**

**It is possible to perform additional specific examinations within different frameworks (private and other) at the expense of the woman.**

_____	_____	_____	_____
Name	ID No.	Signature	Date

Signed in the presence of:

_____	_____	_____	_____
Last and First Name	Role	Signature	Stamp