## Written consent for transvaginal ultrasound

FOR THE PATIENT	
In signing this form you are giving written consent to have a transvaginal pelvic ultrasound	l <b>.</b>
Name	
Address	
Date of birth	
Consent	
I have been given verbal or written information about what is involved in the	
scan and the reason for performing the scan in a format which I understand.	
I have been provided the opportunity to have any questions answered to my	
satisfaction	
I understand I have the right to change my mind at any time after signing this	
form, preferably following discussions with the	
sonographer/radiologist/referring doctor	
Please select <b>one</b> of the following options:	
I give my consent to have the transvaginal ultrasound performed	
I do not give my consent to have the transvaginal ultrasound performed	
I understand what the transvaginal ultrasound scan involves, including why it is	
necessary, but <b>do not</b> give my consent to have the transvaginal ultrasound to be	
performed.	
Note to patient: if you decline the scan, it is recommended that you talk about this with	
your referring doctor.	
Other information (please talk to your sonographer if you are unsure or have any question in the contraction of the contraction	ons about the
questions below)	
Do you have an allergy to latex? If so, a non-latex cover to the ultrasound probe	Yes □
will be used.	No 🗆
	Unsure 🗆
A third person may be present during the scan acting as a chaperone, as	Yes □
requested by your sonographer or yourself. Do you request to have a	No 🗆
chaperone present?	