

☐ St. Petersburg Woman's
Health Center, Inc.
3401 - 66th Street North
St. Petersburg, Florida 33710
Phone: (727) 381-6620

☐ Tampa Woman's
Health Center, Inc.
2010 E. Fletcher Ave.
Tampa, Florida 33612
Phone: (813) 977-6176

☐ Bread and Roses
Woman's Health Center
1560 S. Highland Avenue
Clearwater, Florida 33756
Phone: (727) 446-2690
Emergency: (727) 562-6796

MEMBERS: NATIONAL ABORTION FEDERATION

SONOGRAM INFORMED CONSENT

The purpose of a sonogram is to determine as closely as possible the length of your pregnancy. We are not able to perform sonograms for diagnosing problems with your pregnancy or to determine the sex of the fetus.

As far as medical science knows, there are no ill effects from the sonogram to either the developing pregnancy or to the woman receiving the examination.

I hereby authorize_____ to perform a sonogram examination.

Patient_____Witness_____Date_____/_____/20_____