



20 W Junction Dr
Ste. #3
Glen Carbon, IL
62034

618-288-3315
1-866-773-6018
FAX: 618-288-3389

Hi!

Thanks so much for your interest in our services! We would love the opportunity to introduce you to your little one! We recommend coming in for our 3D/4D ultrasounds anytime after 25 weeks, and anytime after 28 weeks for our fuller figured mothers. We require that you have already undergone your second trimester diagnostic ultrasound with your prenatal healthcare provider prior to your appointment with us, and our prenatal verification form must be filled out by your provider and be brought in with you to your appointment. We book our ultrasound sessions on convenient evening and weekend appointments. If you have any other questions or would like to book an appointment, just give us a call! Thanks again, and we hope to hear from you soon.

Toby
The Ultrasound Zone
Phone: 618-288-3315
1-866-773-6018
Fax: 618-288-3389
Email: toby@theultrasoundzone.com

*Check us out on the web at www.theultrasoundzone.com!
We have session prices, info, images, frequently asked questions, etc.



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_____ is currently receiving prenatal care for her pregnancy, and has had her second trimester complete diagnostic ultrasound. I understand that by signing this form, I am simply verifying the above sentence, and not providing an order or referral. The above patient has requested this exam on her own, and has been self-referred to **The Ultrasound Zone**.

PROVIDER: _____

PRINTED: _____

DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

FAX NUMBER: _____

*Special Notes or concerns: _____

*Patients: Please have your provider fill out the above information, and either fax it back to us, or bring it with you to your appointment. Thanks!