

US QUESTIONNAIRE/AUTHORIZATION

(office use)

PRESENTING SYMPTOMS (Reason for today's examination): _____

You are here for a sonographic (ultrasound) examination. Sonography uses sound waves to create images of the internal organs/tissues of your body.

Ultrasound is very safe. However, ultrasound imaging requires our technologists to place a probe directly in contact with the area that is being imaged. At Weill Cornell Imaging at NewYork-Presbyterian, we do offer chaperones for those patients who would feel more comfortable with having one in the room.

If you require any explanation about your examination or your visit to our practice, please ask any of our staff members or technologists. Your comfort is important to us and we want to address any questions and/or concerns you may have.

I authorize Weill Cornell Imaging at NewYork-Presbyterian, its physicians and other staff to perform the prescribed examination.

Questionnaire Completed By:

Print Name: _____

Signature: _____

Relationship to Patient: _____

Date: ____/____/____ Time: _____ AM/PM

The [Patients' Bill of Rights](#) is available for your review.

(FOR OFFICE USE ONLY)

Questionnaire Reviewed By:

Print Name (Full Name): _____ MD/RN/PA/Tech

Signature: _____

Date: ____/____/____ Time: _____ AM/PM