



Consent for Sonohysterogram

Print Patient's Name

Date

Sonohysterography involves placement of a small catheter into the uterus. Approximately 10 ml of sterile saline is then injected through the catheter and into the uterus while a vaginal probe ultrasound exam is performed. The introduction of the uterine catheter and/ or the instillation of fluid may cause cramping or pain. Other potential complications are rare and include bleeding and infection.

This test will enable complete visualization of the uterine lining as well as the rest of the uterus. The purpose of this test is to identify intrauterine abnormalities which can contribute to infertility, miscarriage and abnormal uterine bleeding. Conditions that may be found include a polyp, myoma (fibroid), intrauterine adhesion (scar tissue), uterine septum or other pathology. If an abnormality is discovered with this test, corrective surgery may be recommended.

I am fully informed of the risks and benefits related to this procedure. If any unforeseen condition arises or is discovered in the course of this procedure, I hereby authorize any care deemed medically necessary. My signature below indicates that I have read this consent form and agree to undergo this test. I also acknowledge that I have had the opportunity to ask any questions that I have about the sonohysterogram and that they have been answered to my satisfaction.

Signature of Patient

Date

Signature of Nora Miller, MD

Date