

# Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology  
[www.myobgynoffice.com](http://www.myobgynoffice.com)

## NUCHAL TRANSLUCENCY CONSENT FORM

### What is a nuchal translucency?

The nuchal translucency (NT) is the normal fluid accumulation at the back of the baby's neck. Extensive studies and research have shown that a large NT can be associated with some birth defects and chromosomal abnormalities such as Down Syndrome. To be able to use the NT measurement to assess your baby's risk of Down's Syndrome, the scan must be performed between 10wks6d and 13wks6d of your pregnancy.

As the name suggests, the NT screening program is carried out to help in assessing whether a baby has either a low or high risk for certain birth defects and chromosomal abnormalities such as Down Syndrome.

The NT measurement is one part of the screening process used in pregnancy to help determine if further testing is indicated. Other parts of the screening process can include maternal age, weight, and blood tests. This is a screening test and will not tell you if your baby definitely has an abnormality but may help decide if further testing is needed.

### What does the Ultrasound involve?

There are strict guidelines as to how to measure the nuchal translucency. On rare occasions due to baby's position, we may be unable to obtain an accurate measurement and may need to perform a vaginal scan or even re-book your scan to try again on another day.

### Insurance Coverage

It has been our experience that nuchal translucency scans are usually covered by most insurance plans. However, even if this test is covered, it could be applied to any unmet deductibles, and copays may apply, resulting in a bill. I am responsible for any amounts not covered by insurance.

Due to the complexity of coverage guidelines, we are unable to quote benefits or guarantee insurance coverage for this test. Insurance benefits are plan-specific and offer vastly different coverage based on your policy.

I consent to undertake a nuchal translucency ultrasound. I am fully aware that this is a screening test and does not result in a definitive diagnosis.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Patient Name (Print)

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