



**LBW**  
COMMUNITY COLLEGE

Dear Doctor,

Lurleen B. Wallace Community College's Diagnostic Medical Sonography Program is requesting permission to perform a transabdominal OB ultrasound on your patient for the educational purposes of our students. This completed form verifies that this patient/volunteer has previously had a well-baby/diagnostic ultrasound performed in the second trimester.

The volunteer exam will be performed in the LBW on-campus scan lab, under the direct supervision of an ARDMS certified OB/GYN sonographer. No diagnostic reports will be given to the patient/volunteer, and there will be no medical record of the exam. In the unlikely event that an abnormality is seen, the exam will be discontinued and the Program Director will notify your office.

Thank you for your support and cooperation,

Olivia Bush MA, BSRT(R), RDMS, RVT  
Diagnostic Medical Sonography Program Director

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Office Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

**Contact Sierra Brown for Appointments @ [sbrown@lbwcc.edu](mailto:sbrown@lbwcc.edu)**

Phone: 334-493-5389

Fax: 334-493-7003