

Harmony Family Health

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404 North Church Street
McKinney, Texas 75069

Ultrasound Patient Information

Name:

Street Address:

City:

State:

Zip:

Telephone:

Date of Birth:

Date of last menstrual period:

Reason for today's sonogram:

Previous sonogram for this pregnancy:

YES

NO

Would you like to know the sex of the baby?

YES

NO

Is this your first pregnancy?

YES

NO