



General Patient Model

Consent to ultrasound scanning for teaching purposes

A copy of the below consent will be provided to sign when you arrive for your scan.

If you have any questions or concerns please contact Samuel on

samuel@ultrasoundtraining.com.au or 0401 810 585

I hereby consent to undergo general examination by ultrasound with Zedu either by way of one or multiple examinations for teaching purposes.

- I understand that a registered medical practitioner or qualified sonographer will use an ultrasound machine to image (scan) my body using high frequency sound waves, a clinically accepted diagnostic technique with no demonstrated adverse biological affect.
- I understand that a gel medium will be applied to my skin and a sound source (transducer) will be placed against my skin to generate an image of my internal body organs.
- I understand that a registered medical practitioner or qualified sonographer will be required to place the transducer on one or more of the following areas (We will ask you to tick the options you are comfortable with at your first appointment):
 - Neck and Throat
 - Shoulders and Arms
 - Stomach
 - Back (to waist level)
 - Groin/Underwear Line (excluding genitalia)
 - Upper and Lower Leg
 - Chest for Heart Imaging (For Women this requires bra removal, however you will remain covered)
- I understand the scan is for teaching purposes only and is not intended to provide you or your doctor with diagnostic information. If we see something incidentally, we will tell you and advise your doctor.
- I understand that the medical practitioners participating are here for training purposes only and are not available for consultation, or to write medical certificates and/or prescriptions.
- I acknowledge that I have had all questions satisfactorily answered.
- I acknowledge that I am vaccinated for Covid-19 and can provide evidence of this.
- I acknowledge that I am comfortable with a registered medical practitioner or qualified sonographer examining one or more of the above areas, unless otherwise indicated.
- I understand that I am free to withdraw my consent to participate in an examination at any time.
- I understand that the risk of a physical accident such as a fall etc. is small but present (please notify a representative of Zedu of any known health problems).
- I acknowledge that no assurance has been given to me that the ultrasound will be performed or administered by any particular practitioner.