

OFFICE USE					
2D			3D/4D		Other _____
CD	VHS	DVD	Web	Hologram	
					Amount Paid _____



Client Information

Name _____

Today's Date _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____

Physician _____ Due Date _____

How did you hear about Baby Waves? _____

Would you like to know the gender of your baby? Yes No
(if NO, please inform the Tech before the scan starts)

Would you like to have your baby's photo posted on our website (\$2)? Yes No
(Pictures are posted on our website and remain for at least one month)

Would you like to have your photos recorded on a CD (\$5)? Yes No

Would you like to have your scan recorded on a DVD or VHS DVD VHS
(not available with the \$70 package)

Full payment is due before we can start the scan.
Your insurance company will not pay for this Sonogram.

Please understand that Baby Waves is a non-diagnostic Ultrasound Service. A Radiologist does not read the exam and your physician does not receive a report. Baby Waves is in no way liable for any abnormalities or complications occurring during your pregnancy. By signing this document you are waiving any responsibility or liability by Baby Waves or your Physician.

Every effort is made by our Registered Ultrasound Techs to get the best picture that we can of your child. However, there are some factors beyond our control such as fetal position, gestational age and amniotic fluid.

Your Signature: _____

Doctor's Permission is Required

OFFICE USE
Tech Initials _____ Comments _____