



CLIENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

PHYSICIAN _____ DUE DATE _____

How did you hear about us? _____

Full payment is due at check-in.
Your insurance company will not pay for this sonogram.

Please understand that Baby's First Photos 3D/4D imaging is a non-diagnostic ultrasound service. A radiologist does not read the exam and your physician does not receive a report. 3D/4D Imaging is in no way liable for any abnormalities or complications during your pregnancy. By signing this document you are waiving any responsibility or liability by 3D/4D Imaging with Clay County Medical Center or your physician.

A complete OB Sono must have been performed prior to 3D/4D Imaging.

Every effort is made by our registered sonographers to get the best picture that we can of your baby. However, there are some factors beyond our control such as a fetal position, gestational age, amniotic fluid and mother's body mass.

Patient Signature: _____ Date _____

PHYSICIAN/HEALTH CARE PROVIDER VERIFICATION

_____ is currently under my prenatal care, and has received a
Patient Name full diagnostic ultrasound.

Physician/Provider Name Printed Physician/Provider Signature Date