



765 Main Ave Warwick, RI 02886 (401) 737-BABY

Name: _____ Date of Birth: _____ Today's Date: _____

Cell Phone: _____ Spouse/Partners Name: _____

Address: _____ City/State: _____ Zip: _____

Email: _____ How did you learn about our office: _____

I am receiving prenatal care with an OB/GYN or Midwife YES or NO OB/GYN **OFFICE** Name: _____

OB/GYN'S **Phone**: _____ OB/GYN **DOCTORS** Name: _____

OB/GYN Office Address: _____ City, State: _____

Baby's Due Date: _____ Is this a TWIN Pregnancy? YES or NO _____

Have you had any problems with your current pregnancy? _____

Date of last ultrasound ordered by MD - OB/GYN: _____

May we contact you by email with Babies & Bellies News, special offers, coupons and promotions? YES or NO

If you are keeping the GENDER a secret please inform our staff! Do you want to find out GENDER today? YES or NO

If you and guests choose to be photographed during your session may we post photos on our social media pages? YES or NO

By signing below I acknowledge and understand this ultrasound scan has not been ordered by my current OB/GYN Physician and is for entertainment purposes only. I further understand that this ultrasound will not be used to replace any diagnostic ultrasound ordered by my healthcare provider. I also understand that receipt of services by Babies & Bellies is contingent upon my signing of the Babies & Bellies Waiver and Release form. I understand the accuracy of the information above. I authorize Babies & Bellies 3D/4D Ultrasound Studio to disclose medical information to my healthcare provider listed above if necessary. I agree that I am financially responsible for charges related to this elective ultrasound.

Signature: _____ Date _____

FOR Babies & Bellies STAFF USE ONLY:

Time: _____ Package: _____ Daily Special: _____ RD date: _____

Addition Items: _____ Notes: _____

Babies and Bellies 3D Waiver of Liability

Babies and Bellies 3D/4D understands the importance of prenatal care for both the expectant mother and the fetus. Therefore, in order to provide our patients with an appropriate, meaningful ultrasound, Babies and Bellies 3D/4D requires that you 1.) Certify that you are under the care of a physician or other healthcare provider, and that you are not obtaining this ultrasound as a replacement for or in lieu of, standard prenatal medical care; and 2.) Notify your current physician or healthcare provider regarding the ultrasound you receive from Babies and Bellies 3D/4D.

As further condition to receive ultrasound services from Babies and Bellies 3D/4D, you hereby acknowledge, understand and agree to the following statements:

- This ultrasound is an elective procedure that I have voluntarily requested, and is not intended to take place of a diagnostic ultrasound or any other tests or treatments that has been or may be recommended by your healthcare provider.
- Because of its elective nature, this ultrasound is not covered by insurance. Therefore, advanced payment is required.
- The sonographer who performs this ultrasound, while qualified to provide such ultrasound services, is not a doctor, nurse or healthcare provider, and cannot interpret, diagnose medical conditions from, or otherwise offer medical conclusions regarding the images produced.
- As used by Babies and Bellies, this ultrasound is intended to provide enhanced images for the purpose of viewing fetal movement in utero. The sonographer will make no attempt to guarantee a medically inclusive ultrasound or fetal testing.
- You understand that the quality of the ultrasound and the videotape depends upon many factors including the mother's weight, Development stage, fetal position, and the amount of amniotic fluid around the fetus. Although we make every effort, you understand that Babies and Bellies 3D/4D does not guarantee the quality of the videotape (DVD), photo, or other images, or the ability to visualize any characteristics of the fetus.
- As evidenced by your signature below, you understand that the factors beyond our control may also affect the ability to accurately determine the gender of the fetus, and that Babies and Bellies 3D/4D can provide no warranty or guarantee as to the accuracy of any such determination. You further understand that while ultrasound is believed to have no harmful effect on the mother or the fetus, future research may disclose harmful or adverse effects that are presently unknown.

IN CONSIDERATION OF THE SERVICES RENDERED, YOU AGREE TO RELEASE BABIES AND BELLIES 3D/4D ULTRASOUND, ITS AGENTS, AFFILIANTS, DIRECTORS, AND EMPLOYEES FROM ALL CLAIMS OR CAUSES OF ACTIONS FROM INJURY, HARM, DAMAGE OR OTHER LIABILITY WHICH RESULTS FROM, OR ARE ALLEGED TO HAVE RESULTED FROM, THIS ULTRASOUND INCLUDING, BUT NOT LIMITED TO, THE FAILURE OF BABIES AND BELLIES 3D/3D ULTRASOUND TO ACCURATELY DETERMINED FETAL GENDER OR OTHER CHARACTERISTICS, AND ANY DAMAGES OR INJURIES RESULTING FROM ULTRASOUND WHICH ARE NOT KNOWN TO OCCURE.

"I have carefully read this document and by signing below, acknowledge that I fully understand and agree to its contents."

Print Name: _____ Date: _____

Signature: _____

Babies and Bellies 3D Policy on Images and Return Visits

We promise to make every effort to obtain the best possible images of whatever parts of the baby that can be seen, however, Babies and Bellies makes no guarantee's or promises that any images (still or video) created during your ultrasound session will be similar to those you might have seen elsewhere, or in our office, or website, or promotional material, or that we can always meet your expectations. Every baby scans differently, depending on the gestational age, position of the baby, amount of amniotic fluid, and the mothers build.

IMAGES

As a client of Babies and Bellies 3D/4D Ultrasound Studio, I understand that there are many factors outside the control of Babies and Bellies 3D/4D as it relates to images, including but not limited to 1.) The baby is persistently looking face down (towards the mother's spine); it may be difficult to see the baby's face. 2.) The baby's placenta may be covering the body parts including their face or there may not be enough amniotic fluid in the region being imaged (including the face) that makes images less than perfect.

RETURN VISITS

One (1) repeat scan can be scheduled if the images and or video are less than favorable by the technician. This session is offered as a courtesy at no cost to the customer.

REFUNDS

If I am unable to return for a repeat session, I understand that I am still responsible for the cost of the ultrasound service with no refund.

I understand that Babies and Bellies provide a service for which I am paying and as a benefit of that service, produce images and recordings.

I understand that Babies and Bellies cannot guarantee the quality or quantity of the ultrasound images or recordings produced.

Print Name _____ Date _____
Signature _____

