

# ***Babygram Imaging, Inc.***

## *Client Information Form*



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pregnancy Information:** Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gestational age today: \_\_\_\_\_ Wks      Twins or Triplets? \_\_\_\_\_

OB Practice Name: \_\_\_\_\_

Have you had any problems or complications during this pregnancy? Yes / No

If yes, describe: \_\_\_\_\_

**Did you have an ultrasound performed by an OB practice to evaluate the fetal anatomy?** \_\_\_\_\_

Was it normal? \_\_\_\_\_

List any concerns or findings: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

- I understand that **Babygram** is an non-diagnostic ultrasound and does not replace a diagnostic scan performed by my OB doctor. The images obtained do not include or represent any diagnostic or medical information.

- I understand that the images are **completely** dependent upon my baby's position, fluid levels and other factors affecting image quality.

- I understand that should any concerns about my pregnancy arise as a result of this elective ultrasound, I am responsible for contacting my physician immediately and for addressing any and all concerns with my physician directly.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For BABYGRAM use only: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Appt. Time: \_\_\_\_\_

Package Selected: Early Bird   Sneak   Mini   Junior   Mega   Late Date   Super   \$ \_\_\_\_\_

Circle: Add a CD   Add a DVD

Notes: \_\_\_\_\_

# **Babygram Imaging, Inc.**

## *Elective Ultrasound Waiver and Release*

**Prenatal Care:** I acknowledge that I have been informed by Babygram Imaging, Inc. (BII) that I should already be receiving prenatal medical care from a physician. In the event that I have any concerns about my pregnancy as a result of this elective ultrasound, I will immediately contact my physician with my concerns and follow-up with them directly. Follow-up is solely and completely my responsibility.

**Concerning Prenatal Medical Care:** I have been informed by BII and agree that my elective sonogram appointment today is entirely for ENTERTAINMENT PURPOSES and not for medical purposes in any way. If I have any concerns regarding the medical aspects of my pregnancy, I agree that I will contact the physician managing my prenatal care in a timely manner. I will in no way rely upon any information collected or observed from my elective sonogram appointment for medical purposes.

**No Professional Negligence Claims:** I am acquiring non-medical services today from BII for ENTERTAINMENT PURPOSES only. I agree that I have no right to recourse against BII in any malpractice, professional negligence or any other medically related claim arising out of my elective sonogram appointment. This includes any claim for error in gender determination.

**Inherent Risks:** I understand that BII follows regulating authorities' recommendations for length of scans and frequency of ultrasound sound waves.

**Waiver and Release of Claim:** I hereby waive, release, acquit and forever discharge BII from any and all claims, expenses, demands, costs, causes of action, and other actions and liabilities of any nature whatsoever, whether known or unknown, whether in law or equity, that I or my baby may incur out of or in any way associated with my seeking and obtaining an elective sonogram at or by BII. I agree that I shall have no right whatsoever to file any lawsuit or institute any other legal proceedings of any type arising out of or in any way related to my elective sonogram at BII.

**Babygram Imaging, Inc. :** As defined in this document, BII shall include Babygram Imaging, Inc., its owners, officers, agents, employees, independent contractors, attorneys, and all other affiliated entities associated with the production of elective ultrasound services and/or products generated at BII.

**Media Release:** I give BII permission to post and/or use any media in the form of still images, moving images, or recorded data for advertising purposes. I understand no names will be posted or released in association with these images or videos.

**Image Quality:** I understand image quality is dependent on many factors outside of the control of BII. I further understand that BII is not always able to obtain images of every baby. Subsequently, I agree that no refunds are available if gender determination or overall image quality is not satisfactory.

I have read and understand all of the above. I agree to the above terms and conditions in their entirety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

For BABYGRAM use only: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Appt. Time: \_\_\_\_\_

Package Selected: Early Bird Sneak Mini Junior Mega Late Date Super \$ \_\_\_\_\_

Circle: Add a CD Add a DVD

Notes: \_\_\_\_\_