

Client Information
Tell us a little about yourself prior to your visit!

Full Name: _____

Address: _____

City, State, Zip: _____

Pregnancy Information

Do you want to know the gender of your baby at the time of scan: Yes or No

Estimated Due Date: _____ More than one baby? Yes or No

Prenatal Care Provider: _____

Prenatal Care Provider Phone Number: _____

Have there been any issues with this pregnancy? Previous pregnancies?

When was your most recent sonogram? _____ Was the ultrasound normal? Yes or No

By signing below, I verify the accuracy of the above information. I authorize Hello Baby, LLC to disclose information related to the ultrasound to my prenatal care provider should the need arise. I understand that I am financially responsible for all services rendered at the time of the ultrasound, and that no refunds are offered. If the positioning, amniotic fluid levels, or other factors limit viewing of my baby at this time, that I will be able to reschedule up to two times, at the discretion of the sonographer.

Do you have an order from your prenatal care provider? Yes or No

Do you consent to Hello Baby, LLC using your images and photographs for social media?
Yes or No

Signature of Client: _____ Date: ___/___/___

Printed Name of Client: _____

Hello Baby, LLC requires all clients to be under the care of a prenatal care provider, and will not perform any services, unless ordered or released by the prenatal care provider. All services rendered by Hello Baby, LLC are recreational and do not replace the services offered during pregnancy by a prenatal care provider. It is not the responsibility of Hello Baby, LLC, the sonographers, or the medical director to find or diagnose any abnormalities or pathology on ultrasounds performed. Any abnormalities found at a later date are also not the responsibility of Hello Baby, LLC, the sonographers or the medical director.

The client understands that while ultrasound is believed to have no harmful effect on the mother or the fetus, future research or other information may disclose harmful or adverse effects that are presently unknown. The client agrees to release Hello Baby, LLC, its employees, agents, affiliates, medical director, owner, and sonographers from any and all claims due to alleged damages, injury, harm, negligence, or other liabilities alleged to have been caused by the ultrasound or services rendered. These services are recreational and non-diagnostic.

By signing below the client recognizes the following:

“I have carefully read this document and by signing my name below in the field provided, I am authorizing that I understand and accept the terms and conditions listed above.”

Signature of Client: _____ Date: ___/___/___

Printed Name of Client: _____