



Client Name: _____ Due Date: _____

Date of Birth: _____

Phone number: _____

Email: _____

Package Selected: Serenity Session Gender Reveal Stork Vision

Heartbeat Animal: _____

Tincture/Supplements: _____

Total due today: _____

Paid with/Amount: _____

CONSENT FOR ELECTIVE ENTERTAINMENT ULTRASOUND

I hereby authorize Bella Belly Ultrasound Boutique, a division of The Midwife Clinic, LLC to perform an ultrasound on my baby and me. I elect to have the ultrasound and I understand that its purpose is **not** diagnostic in nature. I understand that the ultrasound is for entertainment only and **is not** intended to detect obstetrical problems or fetal birth defects. I fully understand that this procedure is for the purpose of obtaining a two or three dimensional view of my baby (depending on the ultrasound package I have selected) and that this service is not covered by insurance providers.

If there are any issues or concerns that are incidentally identified by the ultrasonographer during my session, I agree that The Midwife Clinic / Bella Belly Ultrasound Boutique may contact my OB provider.

OB Provider Name and city located: _____.

I acknowledge that during this appointment, an optimal view of my baby may not be available due to the baby's position or the amount of amniotic fluid present. In this case, I understand that the ultrasonographer may advise me to return on a different day for a second opportunity at no additional charge.

I hereby acknowledge that I have read and understand the information in this document.

Client Signature: _____ Date: _____