



ULTRASOUND IMAGING STUDIO

2135 NW 40th Terrace
Suite D
Gainesville FL 32605

BABY LOVE LLC ULTRASOUND WAIVER OF LIABILITY

Baby Love LLC understands the importance of proper prenatal medical care for both the expectant mother and the fetus. Therefore, in order to provide our clients with appropriate, meaningful ultrasound screening, Baby Love LLC requires that you: (i) certify that you are under the care of a physician or other health care provider, and that you are not obtaining this ultrasound as a replacement for, or in lieu of, standard prenatal medical care: and (ii) notify your current physician or healthcare provider regarding the ultrasound you receive from Baby Love LLC. We request that you present to Baby Love LLC an acknowledgement of receipt of this notice, signed by your physician or health provider prior to performance of the ultrasound. In the event you are unable to notify your physician or health care provider prior to performance of the ultrasound, you assume sole responsibility for notifying him or her as soon as practical following performance of the ultrasound.

As further condition to receiving ultrasound services from Baby Love LLC, you hereby acknowledge, understand and agree to the following statements:

- This ultrasound: (i) is an elective procedure that I have voluntarily requested, and (ii) is not intended to take the place of diagnostic ultrasound or any other test or treatment that has been or may be recommended by your healthcare provider.

-Because of its elective nature, this ultrasound is generally not covered by insurance. Therefore, payment in advance is required.

-The technician 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 Baby Love LLC, this ultrasound is intended to provide enhanced images for the purpose of viewing fetal movement in utero. The technician will make no attempt to guarantee a medically inclusive ultrasound or fetal wellbeing.

-You understand that you are responsible for contacting your own healthcare provider if you have any questions concerning this ultrasound or any other aspect of your pregnancy.

-You understand that the quality of the ultrasound and the videotape depends upon many factors including: body tissue content, developmental stage and fetal position. You understand that Baby Love LLC does not guarantee the quality of the videotape or the ability to visualize any of the characteristics of the fetus.

As evidenced by your signature below, you understand that factors beyond our control may also affect the ability to accurately determine the gender of the fetus, and that Baby Love LLC cannot provide 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 or other information may disclose harmful or adverse effects that are presently unknown.

IN CONSIDERATION OF THE SERVICES RENDERED, YOU AGREE TO RELEASE Baby Love LLC, ITS AGENTS, AFFILIATES, DIRECTORS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTIONS FOR INJURY, HARM, DAMAGE OR OTHER LIABILITY WHILE ON WHICH RESULTS FROM, OR ARE ALLEGED TO HAVE RESULTED FROM THIS ULTRASOUND, INCLUDING, BUT NOT LIMITED TO, THE FAILURE OF Baby Love LLC TO ACCURATELY DETERMINE FETAL GENDER OR OTHER CHARACTERISTICS, AND ANY DAMAGES OR INJURIES RESULTING FROM ULTRASOUND WHICH ARE NOT KNOWN TO OCCUR.

I have carefully read this document and by signing at the bottom, acknowledge that I fully understand and agree to its contents

Signature _____ Date _____

Printed Name _____



Baby Love

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NEW CLIENT REGISTRATION FORM

Full Name: _____
(First) (Middle) (Last)

Spouse/Partner's Name: _____
(First) (Middle) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address (your privacy is assured): _____

Due Date: _____ Physician: _____

Date of Birth: _____ Physician's Phone#: _____

Have you informed your doctor of your visit to our facility? Yes No

Have you had any problems with your current pregnancy? Yes No

If yes, please explain: _____

How many ultrasounds have you had with this current pregnancy? _____

When was your last ultrasound? _____

Were the results normal? Yes No

If abnormal, please explain: _____

How did you hear about us? Facebook Friend/Co-worker Google Our Town Magazine
 Socially Loved Magazine Other (Please list below)

I verify the accuracy of the information above. I authorize Baby Love Ultrasound to disclose medical information to my healthcare provider if necessary. I agree that I am financially responsible for charges related to this ultrasound.

Clients Signature: _____ Date: _____