



Boy _____

Girl _____

ELECTIVE ULTRASOUND REGISTRATION FORM

Full Name: _____
First Middle Last

Date of Birth: _____ Cell Phone: _____ Zip Code _____

Email Address: _____

Due Date: _____ Do you wish to know the sex of the baby? YES NO

Gestational Age: _____ weeks Number of Babies in the pregnancy: _____

Physician Name: _____ Physician Phone #: _____

I verify the accuracy of the information above. I authorize **The Ultrasound Zone** to disclose medical information to my healthcare provider if necessary. I understand that I am financially responsible for charges related to this ultrasound.

Patient Signature: _____ Date: _____

JUST CAN'T WAIT PACKAGE \$60
 Verify number of babies 8 to 13 weeks only
 See the baby's heartbeat

3D BASIC ULTRASOUND \$89.00
 10 Minute 2D/3D ultrasound session
 2 black and white thermal prints
 CD Rom with 2D images and limited 3D images
 Gender determination (if requested)
 Mom to be information bag

2D GENDER SPECIAL \$60
 10 Minute 2D ultrasound session 14 to 20 weeks only
 2 Black and white thermal prints
 Gender determination

ADD TO PACKAGE OPTIONS

<input type="checkbox"/>	Add DVD or CD	\$15.00
<input type="checkbox"/>	Baby Heart Bear (S) (L)	\$15.00 \$25.00

Discounts for Active Military with a VALID NON-EXPIRED Military ID

ACTIVE MILITARY
 Must show ID at each visit for Discount.

I give The Ultrasound Zone permission to use my 2D/3D/4D ultrasound images, as well as any pictures I may send in the future of my son/daughter after he/she is born in marketing materials, website, media broadcasts, etc. I understand these images will be used with no compensation to me.

Signed: _____

Printed: _____ Date _____