



CLIENT REGISTRATION FORM

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

Address: _____ City: _____

Phone: _____ State: _____ Zip: _____

Email Address (your privacy is assured): _____

Date of last appointment? _____ Date of next appointment? _____

Due Date: _____ Physician: _____

Gestation: _____ 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? Advertisement Friend/Co-worker Internet Other (please list)

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

Client's Signature: _____ Date: _____



First Glimpse Ultrasound
1257 Lake Plaza Drive, Suite 100
Colorado Springs, CO 80906
info@firstglimpseultrasound.com
Phone: 719-636-BABY (2229)

WAIVER OF LIABILITY

First Glimpse Ultrasound understands the importance of proper prenatal medical care for both the expectant mother and the fetus. Therefore, in order to provide our patients with an appropriate, meaningful ultrasound screening, First Glimpse Ultrasound 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 health care provider regarding the ultrasound you receive from First Glimpse Ultrasound.

We request that you present to First Glimpse Ultrasound 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 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 a further condition to receiving ultrasound services from First Glimpse Ultrasound, 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 a 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, advance payment 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 First Glimpse Ultrasound, 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 well being.
- 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 DVD, or other audio visual media, depends upon many factors including; body tissue content, developmental stage and fetal position. You understand that First Glimpse Ultrasound does not guarantee the quality of the DVD, or other audio visual media, or the ability to visualize any characteristics of the fetus.
- You understand that publication, presentation or distribution of any video taken during the ultrasound session, not provided by First Glimpse Ultrasound, is strictly prohibited.
- You understand that while we make every effort to capture a good image of your baby, we cannot guarantee the cooperation nor the position of the baby. Sometimes if the baby's position is face down, i.e., towards your spine, it may be difficult to see the baby's face. In this case, a one-time complimentary rescan will be scheduled. Every baby scans differently, depending on the gestational age, position, amount of fluid, placental location and mother's body habitus. However, we promise to make every effort to obtain the best images. If we are unable to get a good image of your baby, we have still provided the service of the 3D/4D Ultrasound thus we will not provide a refund if you are unhappy with the results.

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 First Glimpse Ultrasound can provide no warranty or guaranty 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 FIRST GLIMPSE ULTRASOUND, ITS AGENTS, AFFILIATES, DIRECTORS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTIONS FOR INJURY, HARM, DAMAGE OR OTHER LIABILITY WHICH RESULTS FROM, OR ARE ALLEGED TO HAVE RESULTED FROM, THIS ULTRASOUND, INCLUDING, BUT NOT LIMITED TO, THE FAILURE OF A FIRST GLIMPSE ULTRASOUND TO ACCURATELY DETERMINE FETAL GENDER OR OTHER CHARACTERISTICS, AND ANY DAMAGES OR INJURIES RESULTING FROM ULTRASOUND WHICH ARE NOT NOW 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 _____