



Client Information

Full Name: _____ Date of Birth _____

Due Date _____ Date of Ultrasound _____

Address: _____

Telephone Number: (____) _____ Doctor/Midwife _____

Email Address: _____

How did you hear about us?

Facebook Google Your Doctor Your Midwife Friend Family Other _____

Please Initial and Sign Below.

Waiver

Prenatal Care: I acknowledge that I have been informed by **Chic Peek** Ultrasound that prenatal care is important to a healthy pregnancy. I understand that this ultrasound is not to be used to replace physician care. I have been informed that the federal Food and Drug Administration has determined that the use of medical ultrasound equipment for reasons other than medical purposes, without a physician's prescription, is an unapproved use. I am currently receiving prenatal care. If I have any concerns regarding my pregnancy, I will contact my doctor. I will in no way rely on **Chic Peek** Ultrasound or its services for medical advice.

No Professional Negligence Claims: I am purchasing **Chic Peek** Ultrasound services and products for keepsake, non-medical purposes. I agree that I have no right to recourse against **Chic Peek** Ultrasound in any medical malpractice, professional negligence or any medical related claim arising out of or in any way related to my pregnancy or birth of my child. This includes any claim for error in gender determination.

Assumption of Risks: I acknowledge that there is inherent risk in any activity involving a fetus and there are potential risks in this type of activity. I understand **Chic Peek** Ultrasound follows FDA recommendations for length of scan and frequency of ultrasound waves, and that not detrimental effects have been found in 40 years of studies. I hereby voluntarily assume all risk of harm or injury to me or my baby resulting from the services provided by **Chic Peek** Ultrasound.

Waiver and Release of Claims: I hereby waive, release, acquit and forever discharge **Chic Peek** Ultrasound from any and all claims, expenses, demands, costs, causes of action, and other actions and liabilities, of any nature whatsoever, whether known or unknown, whether in law or equity, that I or my baby may have arising out of or in any way related to my visit to **Chic Peek** Ultrasound. I agree that I shall have no right whatsoever to file any lawsuit or institute any other action or legal proceedings of any type arising out of or in any way related to my visit to **Chic Peek** Ultrasound.

Photo Release: I give **Chic Peek** Ultrasound permission to post or use any photos or recorded data for advertisement purposes.

Image Quality: I understand that this is a non-diagnostic ultrasound. I also realize this ultrasound is done for entertainment purposes only. It is not the responsibility of the technologist to diagnose or report any abnormal finding, however, the technologist may contact my healthcare provider in the event of an anomaly or any abnormal finding. I am aware that certain circumstances may prevent the technologist from being able to obtain the images. Such circumstances include; fetal position, decreased amniotic fluid in the area of interest, maternal obesity, placental location and/or the extremities obstructing the sonographic view point.

Retainer Acknowledgement: Upon booking my appointment, I agree to pay the sonographer a \$30 non refundable retainer at the time of scheduling which goes towards my session. This secures my appointment date and time. The balance is due at the time of my appointment. I may reschedule the session at least 24 hours prior to my appointment. Should I fail to give at least a 24 hour notice or decide to completely cancel my appointment, this retainer is forfeited and will not be refunded.

I have read and understand all of the above, I agree to all of the above.

Signature: _____

Date: _____