

Client Name	Date of Service
DOB	Estimated Due Date/# of Weeks Pregnant
Doctor's Name	Doctor's Phone Number
Do you know the gender of the baby/	<b>babies?</b> □ Girl □ Boy □ Unknown □ Please keep it a
Any known complications or concerns	s with this pregnancy? (briefly explain):
Do you have any of the following:	Gest. Diabetes Hypertension Hx of Ecclampsia
Date of Last Ultrasound:	Any Abnormal Findings?  ☐ Yes □ No
If yes, please describe any abnormal find	lings:

Has anything changed with pregnancy since we saw you last? (briefly explain):

I verify that the above information is true to the best of my knowledge. I understand that I am having an elective ultrasound performed for entertainment purposes only. I realize that this ultrasound does not take the place of a diagnostic medical ultrasound. I also attest that I am under the care of a physician, nurse midwife or other licensed health care practitioner. I am aware that many factors influence the quality of ultrasound images, and that while the staff of All About Baby will do everything possible to produce quality ultrasound pictures of baby, certain factors are outside our control and that a rescan may be necessary. A gender ultrasound rescan will be 10 minutes in length at no charge. If we can't see your baby's face during a 3D/4D session, you will be given an account credit for half the price of your original session, which we will apply to your next appointment if you wish to come back.

Print Name

Signature

## **Return Visit Form**