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Vegas Baby! 4d Ultrasound understands the importance of proper medical care both for the expectant mother and the fetus. Therefore, in order to provide our clients with an appropriate, meaningful ultrasound screening, 4D Baby Ultrasound requires that you (1) 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 (2) notify your current physician or health care provider regarding the ultrasound you receive from 4D Baby Ultrasound. You assume sole responsibility for notifying him or her as soon as practical following performance of the ultrasound. (3) OR if you are not actively receiving prenatal care, you acknowledge that this ultrasound is NOT a diagnostic test and we are not giving diagnosis or health care advise. We urge you to seek proper prenatal care.

As further condition to receiving ultrasound services from 4D Baby 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 recommended by your healthcare provider. 4D baby ultrasound strongly advises to use active prenatal care for this pregnancy.

The technician who performs the ultrasound, while qualified to provide such ultrasounds 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. PLEASE DO NOT ask Technician diagnostic/medically related questions. I.E baby's weight, length, health condition. If, by chance technician sees an abnormality ,it will be taken up with your Doctor.

\_\_\_\_\_ **Initial**

You understand that you are responsible for contacting your 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 video depends upon many factors including; body tissue content (amount of maternal body fat), amniotic fluid levels, developmental stage, and fetal position & cooperation. You understand that 4D Baby Ultrasound does not guarantee the quality of the video or ability to visualize any characteristics of the fetus,(face ,gender etc.. Due to the time required to do such ultrasounds, No refunds are issued.

\_\_\_\_\_ **Initial**

Ultrasound Technician may stop the ultrasound for any reason. Ultrasound Tech may also offer a complimentary re-visit for difficult scans. Due to baby's un-cooperation or difficult ultrasound circumstances I.E Low amniotic fluid, breech baby etc. This is solely up to Ultrasound Tech Discretion. There are no refunds given on services rendered.

\_\_\_\_\_ **Initial**

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 (At week 13+), if at such occurrence 4D Baby Ultrasound will refund your money. You further understand that while ultrasound is believed to have no harmful effect of 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 4D BABY ULTRASOUND, ITS AGENTS,AFFILIATES,DIRECTORS AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION 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 4D BABY ULTRASOUND TO ACCURATLY DETERMINE FETAL GENDER OR OTHER CHARACTERISTICS, AND ANY DAMAGES OR INJURIES RESULTING FROM ULTRASOUND (WHICH ARE NOT KNOWN TO OCCUR). I UNDERSTAND THAT THE FDA HAS DETERMINED THAT THE USE OF MEDICAL EQUIPMENT FOR OTHER THAN MEDICAL PURPOSES OR WITHOUT A PRESCRIPTION IS AN UNAPPROVED USE.**

"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** \_\_\_\_\_