



FOR OFFICE USE:  
Package Selected \_\_\_\_\_ \$ \_\_\_\_\_  
Add a Heartbeat Animal? Y / N Type: \_\_\_\_\_  
Add'l Notes \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pregnancy Information:

Estimated Due Date: \_\_\_/\_\_\_/\_\_\_\_\_

Gestational Age today: \_\_\_\_\_ Wks      Twins?    Yes / No

Do you want to know the gender of your baby today?    Yes / No

Would you like baby's gender kept secret in a Gender Reveal Envelope?    Yes / No

OB Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your doctor know you are having an Elective Ultrasound? (Required)    Yes    No

Have you had any problems with this pregnancy? \_\_\_\_\_

When was your last Sonogram? \_\_\_/\_\_\_/\_\_\_\_\_    Were the findings normal?    Yes / No

I verify that the information above is accurate. I authorize WeeBaby Imaging, LLC to disclose medical information to my healthcare provider if necessary. I understand that I am financially responsible for all charges related to this elective ultrasound, and that there are no refunds offered. I understand that the pictures obtained are completely dependent on the baby's position, fluid levels, and other factors affecting image quality. If images are unattainable due to the baby's position, I understand I may receive an additional scan at a later date at no charge.

I consent and authorize WeeBaby Imaging, LLC to use the images of my baby and me obtained today on its website, media sites, and for advertising purposes. These images will be used without identifying information such as my name and date of birth. By consenting to the use of these images for the stated purpose, I understand that I will not receive payment from any party. Refusal to consent will in no way affect the service and care I will receive. If I have any questions or wish to withdraw my consent in the future, I will contact WeeBaby Imaging directly.

Patient Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_