

View A Miracle

Performing Two, Three & Four Dimensional Ultrasound

Date _____ Due Date _____ Phone # _____

Client Name _____ E-mail _____

Address _____ City, State, Zip _____

Physician's Name _____ Phone Number _____

Physician's Address _____

Have you had your 20 week ultrasound/Level II performed? _____ YES _____ NO

How many ultrasounds have you had with this pregnancy? _____

How did you hear about us? (Please circle) INTERNET MAGAZINE 1-800 SONOGRAM

COMMERCIAL FRIEND/FAMILY PRIOR VISIT OTHER _____

The findings contained in this document are legitimate non-diagnostic ultrasound observations and are to be made available to the above physician at the request of the client or physician's office. It is understood that this elective session was conducted for the purpose of entertainment at the request of the client. At no time is the information obtained during a *View A Miracle* session intended to replace the services of the client's physician or any other medical caregiver.

I understand that this ultrasound is for entertainment purposes only.

Signature

This section to be completed by Sonographer KG KW

Estimated heart rate _____ bpm Male Female Unknown

Fetal position _____ Placenta location _____

Cord Blood Banking information requested Y N Best time to call AM PM EVENING





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CONSENT FORM, WAIVER AND RELEASE

Prenatal Care: I acknowledge that I have been informed by *View A Miracle* that prenatal medical care is important to a healthy pregnancy. I am currently receiving prenatal care and my doctor has acknowledged my decision to attend this sonography session. I understand that the services rendered today cannot substitute for the care of a physician. The referring physician is waived of all liability associated with this procedure.

Concerns Should be Referred to my Physician: I understand that if I have any concerns regarding my pregnancy, that I will contact my physician. I will not rely upon *View A Miracle* or its services for any medical advice.

Assumption of Risk: I acknowledge that the Food and Drug Administration, does not recommend that women have an ultrasound performed for entertainment purposes; therefore, I do hereby voluntarily assume all risk of harm or injury to me or my baby resulting from the services provided by *View A Miracle*.

No Professional Negligence Claims: I am purchasing *View A Miracle* services and products for keepsake, non-diagnostic purposes. I understand that the obtained images will not be reviewed by a radiologist or physician. I agree that I have no right of recourse against *View A Miracle* for any medical malpractice, professional negligence or medically related claim arising out of *View A Miracle* services, my pregnancy or the birth of my child.

Waiver and Release of Claims: I hereby waive, release, acquit and forever discharge *View A Miracle* from any and all claims, expenses, demands, costs, causes of action and other actions and liabilities, or 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 *View A Miracle*. 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 and that I will pay all legal expenses incurred by *View A Miracle* as a result of said legal proceedings. I agree that this agreement is intended to include in its effect, without limitation, all claims and causes of action related to my visit to *View A Miracle* that I do not know or suspect to exist in my favor and that this release contemplates the extinguishment of all such claims and causes of action. I understand that if any part of this agreement is found invalid, that the remainder will remain in effect in its entirety.

View A Miracle: As defined in this document, *View A Miracle* shall include *View A Miracle*, its owners, officers, agents, employees, independent contractors, vendors, attorneys, and affiliated and related entities.

Please be aware that we may not be able to obtain a full picture of your baby's face. Things that may hinder the quality of your images are umbilical cord, placenta location, location of arms and legs, and depth of baby. Please remember your baby is in your uterus. We will make every effort to obtain the best photo possible within a reasonable time frame. If we are unable to obtain an image we will let you know right away. You have the option at that time to either reschedule your session or continue.

Print Name

Signature

Witness

Date



NORTH BRUNSWICK, NJ 732-422-7022
STATEN ISLAND, NY 718-887-4754
www.viewamiracle.com