



Ultrasound Studio and Boutique

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ May we leave a voicemail? \_\_\_\_\_

Email address: \_\_\_\_\_

I am receiving prenatal care: Yes \_\_\_\_\_ No \_\_\_\_\_

Due Date: \_\_\_\_\_ Would you like to know the gender? \_\_\_\_\_

Physician Name: \_\_\_\_\_

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

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

Date of last Ultrasound: \_\_\_\_\_

**Information regarding your Elective Ultrasound:**

The Ultrasound has not been ordered by a Physician

The Ultrasound is not to be used to replace any Physician's care

First Glance Ultrasound Studio & Boutique, LLC follows FDA recommendations for frequency (sound waves) and length of scan which has found NO negative effects in over forty years of case studies.

**I have read and understand the above.**

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

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

Date: \_\_\_\_\_

### 3D Elective Ultrasound Waiver and Release

**Prenatal care:** I acknowledge that I have been informed by First Glance Ultrasound Studio that prenatal care is important to a healthy pregnancy. I further acknowledge that I should already be receiving medical care from a licensed physician both during and after my pregnancy. In the event that I have any concerns about my pregnancy as a result of my elective-sonogram, I will immediately contact my licensed physician of my concerns and follow-up with them. Follow-up is solely and completely my responsibility.

**Concerning Prenatal Medical Care:** I have been informed by First Glance Ultrasound Studio and agree that my elective sonogram appointment is entirely for ENTERTAINMENT PURPOSES and not for medical purposes in any way. If I have any concerns regarding the medical aspects of my pregnancy, I agree that I will contact the physician managing my prenatal care in a timely manner. I will in no way rely upon any information collected or observed from my elective sonogram appointment for medical purposes.

**No Professional Negligence Claims:** I am quiring non-medical services today from First Glance Ultrasound Studio for ENTERTAINMENT PURPOSES only. I agree that I have no right to recourse against First Glance Ultrasound Studio in any malpractice, professional negligence or any other medically related claim arising out of my elective sonogram appointment. This includes any claim error in gender determination.

**Inherent Risks:** I acknowledge that there are inherent risks in any activity involving a fetus and there are potential risks associated with the elective sonography. I understand the First Glance Ultrasound Studio follows regulating authorities' recommendations for length of scans and frequency of ultrasound waves. I hereby voluntarily assume all risk of harm and/or injury to me and/or my baby resulting from my elective sonogram preformed at or by First Glance Ultrasound Studio.

**Waiver and Release of Claim:** I hereby waive, release, acquit and forever discharge First Glance Ultrasound Studio 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 of equity, that I or my baby may incur out of or in any way associated with my seeking and obtaining an elective sonogram at or by First Glance Studio. I agree that I shall have no right whatsoever to file any lawsuit or institute any other legal proceedings of any type arising out or in any way related to my elective sonogram at First Glance Studio.

**First Glance Ultrasound Studio:** As defined in this document. First Glance Ultrasound Studio shall include its owners, officers, agents, employees, independent contractors, attorneys, and all other affiliated entities associated with the production of elective. ultrasound service and/or products generated at First Glance Ultrasound Studio.

**Media Release:** I give First Glance Ultrasound Studio permission to post and/or use any media in the form of still images, moving images, or recorded data for advertising purposes. I understand no names will be posted or released in association with these images or videos.

**Image Quality:** I understand image quality is dependent on many factors outside of the control of First Glance Ultrasound Studio. I further understand that First Glance Ultrasound Studio is not always able to obtain images of every baby. Subsequently, I agree that no refunds are available if gender determination or overall image is not satisfactory.

**I have read and understand all of the above. I agree to the above terms and conditions in their entirety.**

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Signature

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Date

*Attach and email the completed form to [firstglanceultrasoundboutique@gmail.com](mailto:firstglanceultrasoundboutique@gmail.com) or click the button below.*