

CONSENT FORM FOR ELECTIVE ULTRASOUND BY BABY JOY 3D/4D ULTRASOUND, LLC

I hereby authorize Baby Joy 3D/4D Ultrasound, LLC to perform an elective 2D, 3D and 4D ultrasound on me and my baby in my preferred location. I understand that this ultrasound session is not performed for any medical reason, or to diagnose any medical condition. I understand that this service doesn't detect chromosomal, structural and obstetrical abnormalities but is provided only to provide photographic ultrasound images for family archival purposes.

I agree that this ultrasound service is not covered by my insurance and will be paid by me at the time of service. I understand that during this service image quality may vary depending on baby's position, placenta location, amount of amniotic fluid and my size and weight. In the event that the picture is not of the desired quality, I agree that Baby Joy does not guarantee to give me a good picture and that there will not be any refund for the service provided.

I am currently under a care of a physician and have had routine clinical appointments with my doctor, and will address all medical questions with my physician. I hereby waive and hold harmless the imager for any negligence in any form whatsoever.

I have read and understand the information in this document and that through my signature, I agree to all the terms stated.

Patient Signature:

Patient Name (printed):

Witness:

Date: