

# Baby Impressions

## WAIVER AND RELEASE

**Prenatal Care:** I acknowledge that I have been informed by Baby Impressions that prenatal care is important to a healthy pregnancy. I am currently receiving prenatal care and my doctor has no objections to my receiving an elective ultrasound at Baby Impressions.

**Concerns Should Be Referred To Your Physician:** I have also been informed by Baby Impressions that use of Baby Impressions services cannot substitute for the care provided by a physician. If I have any concerns regarding my pregnancy I will contact my doctor. I am in no way using Baby Impressions or its services for medical care, information or advice.

**No Professional Negligence Claims:** I am purchasing Baby Impressions services and products for keepsake, non-medical purposes. I agree that I have no right to recourse against Baby Impressions in any medical malpractice, professional negligence or any medical related claim arising out of or in any way related to my pregnancy or the birth of my child. This includes any claim for error in gender determination.

**Photo Release:** I give Baby Impressions permission to post or use any photos or recorded data for advertisement purposes. I understand no names or personal information will be posted or used with these images.

**Picture Quality:** I understand that picture quality is dependent on many factors. I understand that Baby Impressions is not always able to obtain good pictures of every baby. If necessary Baby Impressions will have you come back at a later date to try to obtain satisfactory images. I understand no refunds are available if unable to obtain satisfactory pictures or gender. Please Initial \_\_\_\_\_.

Due to the fact that Baby Impressions services are Non-Medical I understand that my baby **Will NOT be measured to determine due date, size, weight or length.** If I have any question about the growth of my baby I will contact my Medical Care Provider to discuss my concerns. Please Initial \_\_\_\_\_.

**In summary, this ultrasound is intended solely for your enjoyment and memories. If you would like to proceed, understand and accept the above, please sign below.**

**Printed Name:** \_\_\_\_\_

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

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

620 Congaree Road Unit D Greenville, SC 29607

CLIENT INFORMATION WORKSHEET

NAME: \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, ZIP CODE: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I AM RECEIVING PRENATAL CARE: YES \_\_\_\_\_ NO \_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_

DOCTORS PHONE: \_\_\_\_\_

DOCTORS ADDRESS: \_\_\_\_\_

DATE OF LAST DIAGNOSTIC ULTRASOUND: \_\_\_\_\_

HOW FAR ALONG WERE YOU AT YOUR LAST ULTRASOUND: \_\_\_\_\_

ESTIMATED DUE DATE: \_\_\_\_\_

Baby Impressions cannot stress enough the importance of Prenatal Care. Anyone interested in having a session with Baby Impressions must be actively receiving prenatal care with a Physician or Midwife. Though it is not required, we urge you to discuss this ultrasound session with your physician. In **NO WAY** is this ultrasound session to be used in place of your prenatal care.

I HAVE READ AND UNDERSTAND ALL THE ABOVE.

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

How did you hear about us? Please circle/pick one.

Upstate Parent Magazine      Baby Store      Doctors office      Midwife      Word of Mouth

Craigslist      Google.com      TV commercial      Car      Facebook      Yahoo.com

Merchant CircleInternet      Other: \_\_\_\_\_