

Provider Acknowledgement Form

Healthcare Provider

Your patient has requested an **ELECTIVE** prenatal 3D/4D ultrasound at Baby's Debut 3D/4D Ultrasound L.L.C. We provide non-diagnostic ultrasound sessions to promote prenatal parental bonding before birth that often creates healthier lifestyles. Our service will reduce the many "reassurance scans" provided in our healthcare offices today. We require all clients to provide proof of ongoing prenatal healthcare. Our sessions are of limited medical value (cardiac activity, fetal position, gender if desired, and number of babies) and should **NEVER** replace regular prenatal care or diagnostic exams ordered by a client's healthcare provider.

I acknowledge my patient _____ is currently receiving ongoing prenatal care with my office. Her EDC is _____. Cardiac activity of _____bpm was documented on _____ (date). I have not ordered this ultrasound session nor will I be supervising or interpreting this ultrasound.

_____ This patient has undergone a diagnostic ultrasound exam.

_____ This patient has NOT undergone a diagnostic ultrasound exam.

I understand, while this is not a diagnostic exam the possibility exists that the ARDMS certified sonographer at Baby's Debut may incidentally discover issues of diagnostic value; upon which, I request to be contacted regarding any such concerns.

Print Provider Name

Date

Provider Signature

Telephone Number / Fax Number

Patient/Prospective Client

I authorize the above named healthcare provider and staff to release the requested information to Baby's Debut 3D/4D Ultrasound. I also give permission to Baby's Debut 3D/4D Ultrasound to communicate to my provider listed above any incidentally discovered areas of concern that may be of diagnostic value. I understand that this is an elective procedure for non-diagnostic purposes only; and as such, I agree not to hold either party listed herein responsible or liable for diagnosing any current or future potential health concerns relating to my pregnancy or unborn baby.

Print Patient Name

Date

Patient Signature

If you would like more information regarding Baby's Debut 3D/4D Ultrasound L.L.C., please see our Provider Information online at www.BabysDebut3D4DUltrasound.com or contact us at **888-731-BABY**. We also have brochures available for your office should you desire to promote our service for your patients.