



# Bluebonnet

Diagnostic Imaging &  
3D Ultrasound

## Personal Information

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Personal e-mail address: \_\_\_\_\_

Would you like to be contacted by e-mail with our specials and coupons? \_\_\_\_\_

Estimated due date: \_\_\_\_-\_\_\_\_-\_\_\_\_ LMP;\_\_\_\_ How many weeks pregnant are you? \_\_\_\_\_

Obstetrician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Date of last Obstetrician's visit: \_\_\_\_-\_\_\_\_-\_\_\_\_

Do you already know the gender of the baby? \_\_\_ Yes \_\_\_ No \_\_\_ Boy \_\_\_ Girl

If not, would you like to know? \_\_\_ Yes \_\_\_ No

How did you hear about us? Please check one below:

\_\_\_ Kids Directory \_\_\_ Newspaper: \_\_\_\_\_

\_\_\_ Doctor: \_\_\_\_\_ \_\_\_ Friend: \_\_\_\_\_

\_\_\_ Internet: \_\_\_\_\_ \_\_\_ OTHER: \_\_\_\_\_

This is my 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ more \_\_\_\_\_ VISIT .

Packages: (pick one below)

Additional Items:

\_\_\_ The Pink or Blue-bonnet Package - \$60

\_\_\_ Extra sheet of Photos ( 4 per page)- \$10 each

\_\_\_ BlueBonnet Special-

\_\_\_ extra CD- \$10.00

\_\_\_

Payment type: \_\_\_ - Cash \_\_\_ - Credit/Debit



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## Waiver of Liability

I, \_\_\_\_\_, agree that the purpose of the elective limited medical, non-diagnostic ultrasound, to include 3D images, performed today is to provide an ultrasound report documenting the following information: number, fetal heart activity and gender of my baby. I understand that the information in the ultrasound report is based on the sonographer's observations only. I understand that an Ultrasound Technologist of Bluebonnet Diagnostic and 3D Imaging will perform the ultrasound.

\_\_\_\_\_: I confirm that I am currently receiving prenatal care by: \_\_\_\_\_.

\_\_\_\_\_: I agree that this elective, limited medical, non-diagnostic ultrasound is NOT intended to and will NOT detect fetal abnormalities that may be associated with my pregnancy because it is a limited study; and that NO measurements of my baby will be obtained during the ultrasound session.

\_\_\_\_\_: I agree that the outcome to determine the gender of my baby, if I desire, is NOT guaranteed under any circumstances by anyone associated with or representing Bluebonnet Diagnostic and 3D Imaging Center.

\_\_\_\_\_: I give my permission for Bluebonnet Diagnostic and 3D Imaging Center to inform my obstetrician of my visit to this center and to send a copy of my limited medical ultrasound report to my doctor named above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date