

# Provider Acknowledgement Form

## Healthcare Provider

Your patient has requested an **ELECTIVE** prenatal 3D/4D ultrasound at our studio. We provide non-diagnostic ultrasound sessions to promote prenatal parental bonding which promotes healthier lifestyles. We will also reduce the number of many "reassurance scans" provided in many 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 a diagnostic exams ordered by a clients healthcare provider.

I acknowledge my patient \_\_\_\_\_ is currently receiving ongoing prenatal care with my office. I have not ordered this ultrasound session nor will I be supervising or interpreting this ultrasound.

\_\_\_\_\_ This patient has undergone a diagnostic ultrasound exam provided by my office. Her EDC by ultrasound is \_\_\_\_\_.

\_\_\_\_\_ This patient has NOT undergone a diagnostic ultrasound exam. Her EDC by LMP is \_\_\_\_\_.

I understand the certified sonographer at Baby's Premiere 3D/4D Ultrasound LLC may inadvertently discover issues of diagnostic value and I request to be contacted regarding 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 Premiere 3D/4D Ultrasound LLC. I also give permission to Baby's Premiere 3D/4D Ultrasound LLC to communicate to my provider listed above any inadvertently 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 Premiere 3D/4D Ultrasound LLC, please see our Provider Information online at [www.BabysPremiere.com](http://www.BabysPremiere.com) or contact us at 201-880-5006. We also have brochures available for your office should you desire to promote our service for your patients.