CONSENT FORM (PLEASE PRINT AND COMPLETE ENTIRE FORM)

Client's Name _____

Cell Phone (_____) _____-_____ Baby's Due Date _____ /_____ /_____

Address _____

City, State, Zip_____

E-Mail I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I__|__|

OB/GYN Doctor or Clinic Name_____

Doctor's Phone (_____) _____-_____ Doctor's City, State_____

PLEASE CIRCLE YOUR RESPONSE

1. **Are you currently receiving prenatal care?** **Yes** **No**
2. **Have you had an ultrasound during this pregnancy?** **Yes** **No**
3. **How did you hear about us?** **FRIEND** **FAMILY** **GOOGLE** **FACEBOOK** **INTERNET SEARCH** **DOCTOR'S OFFICE** **PRIOR VISIT** **OTHER**

CONSENT FORM, WAIVER AND RELEASE

1. **Prenatal Care:** I understand that the services rendered today cannot substitute for the care of a physician. **Yes** **No**
2. **Waiver & Release of Claims:** I agree that I shall have no right whatsoever to file any lawsuit or institute any other action or legal proceedings of any type arising out of or in any way related to my visit with View A Miracle. **Yes** **No**
3. **Photography:** I agree to the use of photos and/or video from my session today which may be selected for View A Miracle's website or social media sites. If so, photos will be edited and posted within 2 weeks. **Yes** **No**

_____ _____

Client's Signature **Print Your Name**

_____ _____ /_____ /_____

Witness to Signature **Today's Date**

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This section to be completed by View A Miracle

U/S Package: _____ Ultrasound Add-On: _____ Total: _____

Payment: CC Cash GC

Notes: _____ HR: _____BPM _____T NT

_____ Male: _____ % _____T NT

_____ Female: ____% _____T NT

_____ NOT FINDING OUT _____T NT

Sonographer: _____ Surprise - Gender Reveal On ___ /___ _____T NT

Total: _____

SC: ____ QB: ____ MG: ____ PR: ____ Payment: CC Cash GC