

For office use:

ROOM: 1 2

Pics Sent: Yes No



WE GIVE AWAY A FREE 5D
ULTRASOUND EVERY
MONTH ON FACEBOOK ☺
BE SURE TO GO AND LIKE
OUR PAGE!

CLIENT FORM (PLEASE PRINT)

Print Name _____ Date of Birth _____

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

Your City and State _____

OB/GYN Doctor or Clinic Name _____ Phone Number _____

IS THE GENDER GOING TO BE A SURPRISE? YES OR NO How many weeks pregnant are you? _____

How did you hear about us? FRIEND FAMILY GOOGLE FACEBOOK INTERNET SEARCH DOCTOR'S OFFICE

Have you been to View A Miracle before? YES OR NO IF YES Prior Pregnancy or Current Pregnancy

Do you need a Medical Report sent to your Doctor? Yes OR No IF YES, there is an additional \$50 charge.

Have you had an ultrasound during this pregnancy? YES OR NO

Client's Signature _____ Date _____

If you do not wish for us to use any of your images/video of your baby on social media, please initial here _____

THIS SECTION TO BE COMPLETED BY VIEW A MIRACLE

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

NOTES:

Add-ons

_____		_____	T	NT
_____	- UBS (video) - \$20	_____	T	NT
BOY: _____ %	- 5 b&w printed images- \$5	_____	T	NT
GIRL: _____ %	- 4 colored images printed- \$15	_____	T	NT
J: _____ %	- Weight/size of baby- \$15	_____	T	NT
C: _____ %	- <u>Bundle of Joy</u> (USB, 5 b&w	_____	T	NT
_____	images, 4 colored images &	_____	T	NT
_____	weight) - \$45	_____	T	NT

SURPRISE: YES OR NO

TOTAL _____

COUPON: YES NO 4 WEEKS 6 WEEKS DELIVERY 10% 25% 50% CC _____ Cash _____ GC _____

Bloodwork - PB: _____ SP: _____ tube #: _____ SO#: _____

Email: _____ LMP: _____

DOB: _____

SC: _____ QB: _____ B: _____ Party Room: _____

APPOINTMENT TIME _____ ARRIVAL TIME _____