



# Provider Acknowledgement of Prenatal Care

## Healthcare Provider

Your patient has requested an **ELECTIVE** prenatal 3D/4D ultrasound at Baby's Debut 3D/4D Ultrasound LLC. We provide non-diagnostic ultrasound sessions to promote prenatal parental/family bonding before birth that often creates healthier lifestyles. Our services are provided by ARDMS obstetrically certified and medically licensed sonographers. We provide a responsible service meant to reduce the many "reassurance scans" provided in our healthcare offices today. We require that all clients provide current ongoing proof of prenatal healthcare. The 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 healthcare with my office for her pregnancy. Her EDC is \_\_\_\_\_. Cardiac activity has been documented in our offices. I have **not** ordered this ultrasound session, nor will I be supervising or interpreting the elective session, and it is understood that this form only indicates that my patient is currently receiving prenatal care through my offices and nothing more herein by my information/signature.

\_\_\_\_\_ 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 medical exam, the possibility exists that the ARDMS obstetrically certified sonographer at Baby's Debut may incidentally discover issues of diagnostic value; upon which, I request to be contacted regarding any such concerns.

X \_\_\_\_\_ X \_\_\_\_\_

Print Provider Name

Date

X \_\_\_\_\_ X \_\_\_\_\_

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 LLC. I also give permission to Baby's Debut 3D/4D Ultrasound LLC 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 this ultrasound, my pregnancy, or my unborn baby.

X \_\_\_\_\_ X \_\_\_\_\_

Print Patient/Prospective Client Name

Date

X \_\_\_\_\_

Patient/Prospective Client Signature

If you would like more information regarding Baby's Debut 3D/4D Ultrasound LLC, please see our Provider Information online at [www.BabysDebut3D4DUltrasound.com](http://www.BabysDebut3D4DUltrasound.com) or contact us at 1-888-731-BABY (2229). We also have brochures available for your office should you desire to promote our services for your patients.