



Picture Perfect Images, LLC 3D/4D Ultrasounds
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PATIENT INFORMATION

Name: _____
(first) (last)

Address: _____
(street) (city) (state) (zip code)

Phone Number: (_____) _____

Email: _____

Date of Birth: __/__/____ **Due Date:** __/__/____ **# of Weeks Pregnant:** _____

PHYSICIAN CONSENT

I hereby confirm I am the attending physician for _____
("Patient") and confirm that Patient is currently receiving pre-natal care under my
direction.

Physician Name: _____ **Physician Phone Number:** _____

Physician Signature: _____



RELEASE AND WAIVER OF LIABILITY

Picture Perfect Images, LLC (“Picture Perfect”) offers elective ultrasounds solely for entertainment and viewing purposes. Any ultrasound sessions provided by Picture Perfect are not diagnostic in nature and are not meant to serve as a replacement for standard medical care and treatment. I acknowledge the following:

I, _____ (initials) am under the care of a physician or other health care provider relating to my pregnancy.

I, _____ (initials) have undergone a medical diagnostic ultrasound exam prescribed by my physician and have obtained such physician’s consent to receive an elective ultrasound from Picture Perfect.

I, _____ (initials) understand that any ultrasounds performed by Picture Perfect are intended for entertainment and viewing purposes only and do NOT take the place of diagnostic ultrasounds or any other medical treatment recommended by my physician or healthcare provider. Although the Picture Perfect sonographer performing my elective ultrasound is registered and qualified to provide such ultrasounds, I understand that he/she is NOT qualified to interpret, diagnose or consult on any medical conditions or problems relating to the images produced, the health and well-being of the fetus and my overall pregnancy.

I, _____ (initials) realize and understand that the quality of ultrasound images depend on a variety of factors including fetal position, stage of development and bodily fluids. I understand that Picture Perfect cannot and does not guarantee the accuracy of gender determination and/or the quality of ultrasound images.

I, _____ (initials) understand that Picture Perfect owns the rights to any photos, videos or images produced during a Picture Perfect ultrasound session. I hereby authorize Picture Perfect to use any photos, videos or images produced during a Picture Perfect ultrasound session for any manner whatsoever, including marketing materials.

I, _____ (initials) understand that while ultrasounds are believed to have no harmful effects on the mother or fetus, future research or other information may disclose harmful or adverse effects that are presently unknown.

In consideration of the services rendered, the receipt and sufficiency of which are hereby acknowledged, I hereby agree to release and hold harmless Picture Perfect, its agents, employees, affiliates and owners, from any and all claims or causes of action for injury, harm, loss, damage or other liabilities which result from or are alleged to result from, this ultrasound, including but not limited to inaccurate determination of fetal gender.



I have carefully read and understand this Release and Waiver of Liability in its entirety and hereby acknowledge and consent to its contents.

Print Name: _____

Signature: _____

Date: _____