



For SONGRAPHER use only Date _____ Time _____
 Package Selected _____ \$ _____
 Add a Heartbeat bear? Y / N
 Girl / Boy Best Time ____/____/20____ 3rd _____

Elective Ultrasound Registration Form:

Full Name: _____
 Date of Birth: __/__/19__ Spouse's /Partner's Name _____
 Address: _____ City: _____ State: _____
 Zip: _____ Home Phone: _____ Cell Phone: _____
 Email Address: _____@_____

Pregnancy Information:

1st day of last period ____/____/20____ Estimated Due Date: __/__/20____
 Do You Want to Know the Gender of your Baby? Yes / No **In envelope? Yes No**
 Gestational Age Today: ____ Wks Twins Yes / No
 OB Physician _____ Phone # _____
 Does your doctor know you are getting an ELECTIVE sonogram? ____Yes____No
 What problems have you had with this pregnancy?

When was your last Sonogram? _____ Was it normal? _____

I verify the accuracy of the information above. I authorize Great Big Dream Ultrasound Studio to disclose medical information to my healthcare provider if necessary. I understand that I am financially responsible for all charges related to this elective sonogram, and that there are no refunds offered. I have fully read the prep instructions on the last page and understand I need to follow them for the best chance of the best pictures. I understand the baby's pictures are completely dependent on the baby's position, fluid levels, and other factors affecting image quality. Great Big Dream Ultrasound Studio will do everything reasonable to optimize the baby's position in the time frame allotted in the package I selected. If a rescan is warranted to try for a better view of the face, I understand I get one rescan at no charge and all rescans are 10 minutes in length The best weeks for face pictures are between 28-32 weeks. No face pictures are guaranteed before that.

Patient Signature _____
 Print name _____

How did you find our services?
 ___ The Bump
 ___ Internet Search >> What search engine? _____
 ___ Referral from a former client >> Who _____
 ___ My OBGYN >> which one _____

Office use ONLY: Sonographer verification of Physician Care
 _____ Initials _____

Waiver of Liability

Great Big Dream Ultrasound Studio understands the importance of proper medical care for both expectant mothers and baby. Therefore, in order to provide our patients with an appropriate, meaningful ultrasound screening, Great Big Dream Ultrasound Studio requires that you:

Certify that you are under the care of a physician or other health care provider and that you are not obtaining this ultrasound as a replacement for, or in lieu of standard medical care.

Notify your current physician/health care provider regarding your elective sonogram by Great Big Dream Ultrasound Studio (if you see Care for Women, Bullock OBGYN or Dr Atluru, we have standing orders with them – no need to contact them)

Provide either written proof of your care or ultrasound photo

As a further condition to receiving limited diagnostic screening services from Great Big Dream Ultrasound Studio, you hereby acknowledge, understand, and agree that:

You understand that the quality of this ultrasound and video depends upon many factors including maternal body habitus, developmental stage and fetus position. You understand that Great Big Dream Ultrasound Studio DOES NOT guarantee the quality of video or the ability to visualize ANY characteristics of the fetus.

You understand that since Great Big Dream Ultrasound Studio performs a limited medical diagnostic study with each ultrasound, and that since this ultrasound is not performed solely for the images you will receive as a byproduct of this limited diagnostic study, refunds are not available for any reason.

This ultrasound:

Is an elective procedure that I have voluntarily requested

Is not intended to take the place of a diagnostic ultrasound or any other test or treatment that has been or may be recommended by my healthcare provider.

-Because of its elective nature, this ultrasound is NOT covered by insurance. Payment in full is required in advance.

-The technologist who performs this ultrasound, while qualified to provide such ultrasound services, is NOT qualified to interpret, diagnose medical conditions from or otherwise offer medical conclusions regarding images produced.

As used by Great Big Dream Ultrasound Studio this ultrasound is not used for diagnosis of any medical problems or conditions. There is no attempt to guarantee a medically inclusive ultrasound or fetal well being.

o You understand you are solely for contacting your own healthcare provider if you have any questions about your fetus or pregnancy in general.

o 3d/4d ultrasound pictures are best between 28 to 32 weeks, but pictures are HIGHLY dependent on many factors that affect ultrasound. No face pictures are guaranteed until 26 weeks. Gender 2d and gender 4d scans are for determining gender and additional pictures will be taken if time allows. No face pictures are guaranteed at gender scans. All rescans are 10 mins in length.

o As evidenced by signing below, you understand that factors beyond Great Big Dream Ultrasound Studio's control may also affect the ability to accurately determine the gender of the fetus and that Great Big Dream Ultrasound Studio can provide no guarantee or warranty as to the accuracy of any such determination. You further understand that while ultrasound is believed to have no harmful effect on the mother or the fetus, future research or other information may disclose harmful or adverse effects that are presently unknown. In consideration of the services rendered, you agree to RELEASE Great Big Dream Ultrasound Studio, ITS AGENTS, DIRECTORS, AFFILIATES, MEDICAL DIRECTOR, ULTRASOUND TECHNOLOGISTS, OWNERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTIONS FOR INJURY, HARM, DAMAGE, OR OTHER LIABILITIES WHICH RESULTS FROM OR ARE ALLEGED TO HAVE RESULTED FROM, THIS ULTRASOUND, INCLUDING BUT NOT LIMITED TO THE FAILURE OF Great Big Dream Ultrasound Studio TO ACCURATELY DETERMINE FETEL GENDER OR OTHER CHARACTERISTICS, AND ANY DAMAGES OR INJURIES RESULTING FROM, OR ALLEGED TO RESULT FROM, ULTRASOUND WHICH ARE NOT KNOWN TO OCCUR.

"I have carefully read this document and by affixing my signature, I acknowledge that I fully understand and completely agree to the contents."

Signature _____ date _____

Prep Instructions! PLEASE READ FULLY!

Thank you so much for booking you 4D ultrasound with Great Big Dream Ultrasound Studio. Attached is the required paperwork to fill out and bring with you to your appointment. Preparing for your appointment ahead of time is how you will get the best pictures. For the best chance for the best pictures---

******Please remember to DRINK, DRINK, DRINK your water everyday, 64 ounces of WATER everyday before your appointment for up to 1-2 weeks before your scheduled appointment. This will help your amniotic fluid levels be optimal for ultrasound!!** *A well-hydrated mommy ALWAYS gets better pictures than one that is not. Drink your water everyday before your appointment, not just the day of your appointment. We CANNOT STRESS this enough!*

--10-15 mins before your appointment, feel free to eat/drink something sugary-fruit is fine (as long as you are not under diet restrictions). This will wake up the baby and give you a better chance for different views. Examples are a piece of fruit, a granola bar with chocolate chips, orange juice, caffeine-free soda(Sprite/Root Beer) No more than 15 minutes before, or baby will go into a sugar crash. Avoid large meals before your appointment.

For Gender scans- Please drink 18 ounces of water 30 mins before your appointment so your bladder will be full at your appointment.

This appointment is for your pleasure and your friends and family. We have some additional seating for your guests. For safety and comfort of everyone, please limit your guests to 5. Do not wear a dress unless you have shorts on underneath as this is an ultrasound and we will be scanning your entire abdomen.

DO NOT use the restroom until you have asked the sonographer.

If you would like to pay ahead, use the "Buy This" to pay prior to your session. The link is located to the Left of the package on the website. You can use PayPal or a credit card to pay online. If you are not able to pay online, we can take a credit card in the office and the Sonographer will take payment upon your arrival, prior to your scan. You can pay cash, but please try to bring exact change, if possible.

Each of our clients is special to us. We spend individual time with everyone. If when you come in, it looks empty-- we are still with the scan before you. Sometimes, if the baby before you is being a little difficult, we will take an extra few minutes to see if we can get the baby to cooperate. *Please be patient with our little babies, as it is our policy if we think we can get the baby to move, we will try a little more- that is at the Sonographer's discretion.* We will do the same for you, so have a seat and relax. We did not forget about you; we are just trying to get a little one to cooperate. ☺

Our Addresses for you to print directions:

PRINT DIRECTIONS BEFORE YOU LEAVE unless you have a GPS

1306 Kingwood Dr Suite B Kingwood TX 77339

The complex is 6 black tinted office buildings. It is directly across from the Stein Mart shopping Center

Coming from 59N, Take the Exit for Kingwood Dr, Turn Right onto Kingwood Dr, then go down until you see Walgreens. Make the next right after Walgreens. Our building is the first building on the right.

Coming from Atascocita- W Lake Houston, turn Left onto Kingwood Dr, Go down through the light at Green Oak Dr then make a U-turn at your second intersection at the left (where it looks like you would be turning into Walgreens) then make your first right. We are the first building on the right

**IF YOU GO TO CARE FOR WOMEN, DR ATLURU OR BULLOCK OBGYN
YOU DO NOT NEED TO HAVE THEM SIGN THE FORM BELOW**

Required with Physician Signature

_____ is currently a patient under my care for her pregnancy. I authorize for her to have an elective ultrasound at Great Big Dream Ultrasound Studio of Houston. This limited ultrasound will not take the place of any provider-ordered ultrasound, nor will any equipment be utilized without express authorization of a licensed practitioner.

Physician Fills Out this portion:

If she has already had a 1st or 2nd trimester ultrasound

The results of the ultrasound were:

- Normal
- Abnormal

Additional comments/instructions:

Print Doctors Name: _____

Address _____

City/State/Zip _____

Phone _____

Doctor's Signature _____

I authorize the above named physician and his/her staff to release the information above to Great Big Dream Ultrasound Studio of Houston. Furthermore, I authorize that this information may be provided to Great Big Dream Ultrasound Studio of Houston via fax.

Thank you,

Print Name _____ Date _____

Signature _____

Fax back to Great Big Dream Ultrasound Studio

281-407-0470

