



Weeks _____ Gender _____ SP GR CC OMP CGE JWSB TN

Before Birth 4D Imaging

Please fill out the following completely

Today's Date _____ Date of Birth _____ Due Date _____

Parents' Names _____ Phone _____

Address _____ City _____

Email _____ Instagram Name _____

How did you find out about us? _____ Website _____ Facebook _____ Google _____ Signage

Other _____ Referred by? _____

OB Care Provider Information

Name _____

City _____ Clinic Name _____

Waiver

- I understand that I am purchasing images, imaging services and products from Before Birth 4D Imaging (BBI) for entertainment purposes only.
- I am currently receiving care from a health care professional.
- I acknowledge the images created by BBI have little or no diagnostic value.
- I acknowledge, in rare circumstance, BBI may wish to contact my medical care provider. I give my permission for BBI to contact the medical provider I listed on this form.
- I give BBI permission to reproduce, post, or use any images or recorded data, without further compensation, for advertisement and promotional purposes
- I am aware and prepared for certain circumstances that may prevent BBI from obtaining quality images. These circumstances may include any one or combination of the following; fetal position, amniotic fluid, location of placenta, location of extremities, maternal obesity. If the BBI technician isn't satisfied with the cooperation of the baby and the images obtained, BBI may offer a free repeat session.

By signing I acknowledge that I have read and understand all the above.

Signature _____