



Picture Me Baby

**Elective Ultrasound Registration Form:**

**Today's Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_/\_\_/\_\_

**Spouse's /Partner's Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_@\_\_\_\_\_

\*\*\*\*\*

**Pregnancy Information:**

**Estimated Due Date:** \_\_/\_\_/\_\_\_\_

**Do You Know the Gender of your Baby?** \_\_\_ Yes \_\_\_ No

**If yes, \_\_\_\_\_ Boy \_\_\_\_\_ Girl**

**Gestational Age Today:** \_\_\_ Weeks \_\_\_ Days

**Are you having Twins or Triplets?** \_\_\_\_\_

**OB Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Does your doctor know you are getting an ELECTIVE Sonogram?**

**Yes** \_\_\_\_\_ **NO** \_\_\_\_\_

I verify the accuracy of the information above. I authorize Picture Me Baby, LLC 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.

**Patient Signature** \_\_\_\_\_

**Print name** \_\_\_\_\_

**How did you find our services?**

\_\_\_ **Internet Search: What search engine?** \_\_\_\_\_

\_\_\_ **Referral from a former client: Who** \_\_\_\_\_

\_\_\_ **Other:** \_\_\_\_\_