

PATIENT WAIVER

WAIVER OF LIABILITY AND CONSENT FORM FOR ELECTIVE ULTRASOUND BY MY LITTLE MIRACLE 3D/4D ULTRASOUND INC DBA VBS INC

I hereby authorize MY LITTLE MIRACLE 3D/4D ULTRASOUND to perform an elective 2D, 3D, and 4D ultrasound on my baby and me.

I understand that this ultrasound is an elective procedure that I have voluntarily requested. It is not performed for any medical reason, or to diagnose any medical condition.

I understand this service is only to provide photographic ultrasound images.

I understand that during this service image quality may vary depending on the baby's position, amount of amniotic fluid, placenta location, gestational age, and body habitus. In the event, that the picture is not to my satisfaction or desired quality, I agree that MY LITTLE MIRACLE 3D/4D ULTRASOUND LLC does not guarantee to give me a good picture and that there will not be A REFUND for the service provided.

I am currently under the care of a physician and have had routine appointments with my doctor. I will address all medical questions with my physician. I will present to MY LITTLE MIRACLE a signed notice by my physician or health provider, prior to performance of the ultrasound. In the event I am unable to notify my physician prior to the ultrasound, I take sole responsibility for notifying him or her as soon as practical following the performance of the ultrasound.

I hereby waive MY MIRACLE employees from any and all claims or causes of actions for injury, harm, damage or other liability which result from, or are alleged to have resulted from this ultrasound, including, but not limited to, the failure of a MY LITTLE MIRACLE ultrasound to accurately determine fetal gender or other characteristics.

As evidenced by your signature below, you understand that we cannot guarantee or provide warranty as to the accuracy of gender of the fetus. You further understand that while ultrasound is believed to have no harmful effect on the mother or the fetus, future research may disclose harmful or adverse effects that are presently unknown.

**** I have carefully read this document and by signing at the bottom, acknowledge that I fully understand and agree to its contents****

Signature

Printed Name

Date

**CANCELLATION MUST BE 24HR VIA PHONE
DEPOSITS ARE NON-REFUNDABLE**