

Date: \_\_\_\_\_  
Fetal Heart Rate: \_\_\_\_\_  
Fetal Lie:  Breech  Transverse  Vertex  
Placenta:  Fundal  Anterior  Posterior

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Phone: 239-267-BABY 2229

Info@SweetBabyOMine4D.com  
www.SweetBabyOMine4D.com

## CLIENT REGISTRATION FORM

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (your privacy is assured): \_\_\_\_\_

Baby's Due Date: \_\_\_\_\_ Mom's Physician: \_\_\_\_\_

Mom's Date of Birth: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Have you informed your doctor of your visit to our facility?  Yes  No

Have you had any problems with your current pregnancy?  Yes  No

If yes, please explain: \_\_\_\_\_

How many ultrasounds have you had with this current pregnancy? \_\_\_\_\_

When was your last ultrasound? \_\_\_\_\_

Were the results normal?  Yes  No

If abnormal, please explain: \_\_\_\_\_

\_\_\_\_\_  
INITIAL I understand that this is a limited elective ultrasound and does not replace any diagnostic ultrasounds ordered by my OB provider

\_\_\_\_\_  
INITIAL I understand that there is a small possibility that the wrong gender will be assigned to my baby

How did you hear about us? \_\_\_\_\_

What are you having?  Boy  Girl  Twins  Unsure (Requesting Gender Determination)  Unsure (Want Gender To Be A Surprise)

What are you naming your little Sweet Pea? \_\_\_\_\_

I verify the accuracy of the information above. I authorize Sweet Baby O' Mine to disclose medical information to my healthcare provider if necessary. I agree that I am financially responsible for charges related to this elective ultrasound. I understand that all sales are final.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_