



CONSENT FORM FOR ELECTIVE ULTRASOUND

I hereby authorize Peek A View, LLC to perform a 2D, 3D, and/or 4D ultrasound on me and my baby. I elect to have this procedure and I understand that the purpose of this ultrasound is not for diagnostic reasons. That is, I understand that this ultrasound is not intended to detect obstetrical problems or fetal birth defects. I fully understand that this procedure is only used for the following purposes: to obtain a three-dimensional view of my baby in the womb, to view my baby in 3D imaging with real time (4D), or to obtain 2D images of my baby in the womb for keepsake and/or to reveal my baby's gender. I agree that these services are not covered by insurance and will be paid for at the time of service. I have been seen by a physician and have had a routine clinical appointment with my physician. I have discussed with him/her my election to have this ultrasound performed at this time and have documentation of his/her permission. I also understand that this is an elective ultrasound and accuracy of gender is not guaranteed. I understand that during this ultrasound, an optimal view of my baby may or may not be available due to the baby's current position in the womb or the amount of amniotic fluid present. In this case, I understand that I may be asked to return for another ultrasound at a different time than scheduled at no additional charge.

I hereby acknowledge that I have read and understand the information in this document and that through my signature, I agree to all the terms stated.

I understand that Peek A View, LLC has the right to use any pictures and/or videos taken during my ultrasound as marketing and advertising materials. Peek A View, LLC will remove any names, dates, and times from the picture if used for advertising and marketing material.

Patient Signature: _____

Patient Name (printed): _____

Date of Birth: _____