



Making An Emotional Connection!

Verification of Care

Healthcare Provider

Your patient has requested an **ELECTIVE** prenatal 3D/4D ultrasound at Watch Me Grow Ultrasound, Inc. We provide non-diagnostic ultrasound sessions for families to make an emotional connection before birth that often encourages healthier lifestyles. We require all clients to provide proof of prenatal healthcare. Our sessions are conducted by only licensed/certified ultrasound technologists. The sessions are of limited medical value (cardiac activity, fetal position, gender determination (if desired), and number of babies) and should **NEVER** replace regular prenatal care or diagnostic exams ordered by a client's healthcare provider. **Furthermore, we DO NOT provide diagnostic ultrasound services to detect abnormalities, to determine an estimated due date or to estimate the weight or length of the baby.**

My patient _____ is currently receiving ongoing prenatal care with my office. Her EDC is _____.

I have not ordered this ultrasound session nor will I be supervising or interpreting this ultrasound.

I understand this is not a diagnostic exam.

Print Provider Name **Date**

Provider Signature **Telephone / Fax Number**

Patient / Prospective Client

I authorize the above named healthcare provider and staff to release the requested information to Watch Me Grow Ultrasound, Inc. I also give permission to Watch Me Grow Ultrasound, Inc. to communicate to my provider listed above any incidentally discovered areas of concern. **I understand that this an elective procedure for non-diagnostic purposes only; and as such, I agree not to hold either party listed herein responsible or liable for diagnosing any current or future potential health concerns relating to my pregnancy or unborn baby.**

Print Patient Name **Date**

Patient Signature

***For more information on Watch Me Grow Ultrasound, Inc., please visit our website: www.watchmegrowultrasound.com or contact us at 704-883-8363. We also have brochures available for your office should you wish to have on hand for your patients that are inquiring about 3D/4D elective prenatal ultrasound. Additional copies of this form may be printed off of our website.**