



ELECTIVE ULTRASOUND PATIENT INTAKE FORM

Silver: \$35 | Gold: \$49 | Platinum: \$79 | Gender DNA: \$129 (2 Day) \$149 (1Day)

Credit: | Cash: | Booking Page: | Voucher: _____

Please fill out the information below for our records. Sacramento Imaging, and our employees, take confidentiality seriously. Your ultrasound will be done by a qualified sonographer. Sacramento Imaging is also a teaching center and during your visit, you may be asked to allow a student to watch or scan. We appreciate your business and your trust.

FULL NAME: _____ DATE OF BIRTH: ___/___/___
FIRST MIDDLE LAST

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

DO YOU WISH TO KNOW THE SEX OF THE BABY? YES NO (Gender: _____ Tech: _____)

EXPECTED DUE DATE: ___/___/20___ LAST MENSTRUAL PERIOD: ___/___/20___

THIS IS MY _____ (1ST, 2ND, etc.) PREGNANCY

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

PHYSICIAN NAME: _____ PHYSICIAN PHONE #: _____

HAVE YOU INFORMED YOUR DOCTOR OF YOUR VISIT TO SACRAMENTO IMAGING? YES NO

HAVE YOU HAD ANY PROBLEMS WITH YOUR CURRENT PREGNANCY? YES NO

WHEN WAS YOUR LAST ULTRASOUND? _____ WERE THE RESULTS NORMAL? YES NO

IF ABNORMAL, PLEASE EXPLAIN: _____

MAY SACRAMENTO IMAGING HAVE PERMISSION TO CONTACT YOUR CARE PROVIDER? YES NO

HOW DID YOU HEAR ABOUT SACRAMENTO IMAGING: _____

HOW DO YOU PLAN ON FEEDING YOUR BABY: BREASTFEEDING SUPPLEMENTING FORMULA

IS IT OK TO EMAIL YOU OFFERS? YES NO MAIL YOU OFFERS? YES NO

I, _____ (printed name). I AM CURRENTLY SEEKING PRENATAL CARE BY A PHYSICIAN OR OTHER HEALTH CARE PROVIDER. I AM APPROXIMATELY _____ WEEKS INTO MY PREGNANCY. I HAVE PROVIDED MY PHYSICIAN'S / HEALTH CARE PROVIDER'S CONTACT INFORMATION ABOVE. MY NEXT APPOINTMENT WITH MY PHYSICIAN OR HEALTH CARE PROVIDER IS APPROXIMATELY ___/___/___. I understand that choosing to have an ultrasound at SUI/SI is elective and not covered by insurance. I also understand that this elective ultrasound has not been determined to cause any known health risks to me or the baby. **If any abnormalities are discovered or questionable during my ultrasound, I understand the technician is unable to discuss their findings with me or make any medical diagnosis but will report any findings to my physician.** SUI/SI has my permission to contact my physician/health care provider and discuss this with them and they will notify me that they are doing so. **I understand that this ultrasound is not for diagnostic purposes (medically requested by my physician or health care provider)** and I am choosing to do this for images only. No images or reports will be sent to my physician or health care provider by SUI/SI. **I understand that this ultrasound is not a required part of my prenatal care and I in no way hold Sacramento Ultrasound Institute, or Sacramento Imaging its owners, affiliates, or employees, responsible for any abnormalities found, whether questioned or diagnosed.** Furthermore, I have informed SUI/SI of any questions or concerns I may have, and they have clarified these for me prior to my session.

***PLEASE NOTE OUTSIDE PHOTOGRAPHY AND FILMING OF ULTRASOUND APPOINTMENT PROHIBITED. THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING**

**** WE WILL MAKE EVERY EFFORT TO PROVIDE A QUALITY EXPERIENCE, DUE TO THE UNIQUE NATURE OF THE ULTRASOUND PROCESS THERE WILL BE NO REFUNDS ISSUED ONCE SERVICE IS RENDERED**

SIGNATURE: _____ DATE: _____ WITNESS: _____