


Baby RevealZ
3D STUDIO, LLC

LAST NAME: _____ (Please Print) FIRST NAME: _____ (Please Print)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL #: _____ - _____ - _____ DATE OF BIRTH: _____ / _____ / _____

PHYSICIAN/
CARE PROVIDER NAME: _____

PHYSICIAN PHONE #: _____ - _____ - _____ DUE DATE: _____

PHYSICIAN ADDRESS: _____

CITY: _____ STATE: _____

I agree to the following terms and have initialed each item below in acknowledgement:

- _____ Baby photos are not a medical diagnostic ultrasound exam.
- _____ Baby photos are for enjoyment purposes only.
- _____ No measurements of the baby will be taken. Fetal structures are not evaluated.
- _____ I acknowledge I have had a prior medical ultrasound to determine the health of my baby.
- _____ I acknowledge I am currently under the medical care of the provider indicated above for my pregnancy.
- _____ I understand it is not always possible to get a 3D/4D picture due to the position of baby.
- _____ I agree to hold Baby RevealZ 3D Photo Studio LLC and its employees harmless and not liable for anything undetected or any adverse pregnancy outcome.
- _____ I agree to allow Baby RevealZ 3D Photo Studio LLC to use my photos for promotional uses only. All personal information will be deleted for such intended purposes.
- _____ How did you hear about us? _____

Patient Signature

Date

_____ GENDER REVEAL	_____ 3D / 4D PHOTOS
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