



Client Information Worksheet

Name: _____ Date of Birth: _____

Address: _____ City, Zip: _____

Phone: (Home) _____ (Cell) _____ **Due Date** _____

Email: _____ I am receiving prenatal care: Yes ___ No ___

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____ City, Zip: _____

Patient number, if Kaiser patient: _____ **Date of last ultrasound by MD:** _____

I understand this has not been ordered by my physician. I understand that this ultrasound is not to be used to replace physician care. I have been informed that the federal Food and Drug Administration has determined that the use of medical ultrasound equipment for other than medical purposes, without a physician's prescription, is an unapproved use. I have been informed that Womb's Window™ follows FDA recommendations for frequency (sound waves) and length of scan which has found no detrimental effects in more than 40 years of case studies.

I have read and understand the above. Signature: _____ **Date** _____
(Please read and sign the back)

FOR WOMB'S WINDOW™ USE ONLY

DATE _____ GESTATION: _____ NO. OF FETUSES _____ FHR: _____ GENDER _____
Package: _____ Payment & Method _____
Notes: _____
_____ Rm _____ Scanner _____

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WAIVER AND RELEASE

Picture Quality: I understand picture quality is dependent on many factors. I understand that Womb's Window™ is not always able to obtain pictures of every baby. ***I understand no refunds are available if Womb's Window™ is unable to obtain pictures or gender.***

Prenatal Care: I acknowledge that I have been informed by Womb's Window™ that prenatal care is important to a healthy pregnancy. I am currently receiving prenatal care and my doctor has been informed and has no objections to my attending this ultrasound session.

Concerns Should Be Referred to Physician: I have also been informed by Womb's Window™ that use of Womb's Window's™ services cannot substitute care of a physician. If I have any concerns regarding my pregnancy, I will contact my doctor. I will in no way rely upon Womb's Window™ or its services for medical advice. I understand Womb's Window™ does not provide any medical reports to my doctor.

No Professional Negligence Claim: I am purchasing Womb's Window's™ services and products for keepsake, non-medical purposes. I agree that I have no right or recourse against Womb's Window™ in any medical malpractice, professional negligence or any medical related claim arising out of or in any way related to my pregnancy or the birth of my child. This includes any claim for error in gender determination.

Assumption of Risk: I acknowledge that there is inherent risk in any activity involving a fetus and there are potential risks in this type of activity. I understand Womb's Window™ follows FDA recommendations for length of scan and frequency (sound waves), and that no detrimental effects have been found in more than 40 years of studies. I hereby voluntarily assume all risk of harm or injury to me or my baby resulting from the services provided by Womb's Window™.

Waiver and Release of Claims: I hereby waive, release, acquit and forever discharge Womb's Window™ from any and all claims, expenses, demands, costs, causes of action, and other actions and liabilities, of any nature whatsoever, whether known or unknown, whether in law or equity, that I or my baby may have arising out of or any way related to my visit to Womb's Window™. I agree that I shall have no right whatsoever to file any lawsuit or institute any other action or legal proceedings of any type arising out of or any way related to my visit to Womb's Window™.

Waiver of Civil Code Section of 1542: This agreement, in its entirety is made notwithstanding section 1542 of California Civil Code, which provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." Therefore, I agree that this agreement is intended to include in its effect, without limitation, all claims and causes of action related to my visit at Womb's Window™ that I do not know or suspect to exist in my favor and that this release contemplated the extinguishments of all such claims and causes of action.

Womb's Window™: As defined in this document, by Womb's Window™ shall include Womb's Window™, BabyPics, Inc., its owners, officers agents, employees, independent contractors, vendors, attorneys and affiliated entities.

Photo Release: I give Womb's Window™ permission to post or use any photos or recorded data for advertisement purposes. I understand no names will be posted or used with the photos.

Email Contact: By providing my email, I give Womb's Window™ permission to send newsletters and email advertisements to me. I can always opt-out by clicking on the opt-out button in my email.

I have read and understand all of the above. I agree to all of the above.

Signature _____ **Date** _____