

CLIENT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

ARE YOU UNDER THE CARE OF A PHYSICIAN OR MIDWIFE?

YES ___ NO ___

DATE OF LAST ULTRASOUND BY YOU DOCTOR: _____

IS THERE ANY MEDICAL ISSUE THE TECHNICIAN SHOULD KNOW PRIOR TO THE SESSION:

DUE DATE: _____

OFFICE USE:

GENDER: _____

DATE: _____ **DATE:** _____ **DATE:** _____ **DATE:** _____

PRINTS: _____ **PRINTS:** _____ **PRINTS:** _____ **PRINTS:** _____

ADDITIONAL PRINTS \$2.00 EACH (UP TO 10 PHOTOS)

SPECIAL NOTES: _____

PLEASE SELECT ADD ONS:

___ USB \$5.00

___ EXTRA DISC \$5.00

___ HEARTBEAT BUDDY \$25.00

___ SECRET GENDER REVEAL

**** USB & Disc are for**

Premium and 3D/4D ONLY.**