



Telephone: (702) 461-3104

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## New Client Registration Form

Full Name: \_\_\_\_\_

Spouse/Partners Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit# \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (your privacy is assured): \_\_\_\_\_

Due Date: \_\_\_\_\_ WEEKS: \_\_\_\_\_ Your date of birth: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician phone #: \_\_\_\_\_

Have you had any problems with your current pregnancy?                      Yes                      No

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many ultrasounds have you had with this pregnancy? \_\_\_\_\_

When was your last ultrasound? \_\_\_\_\_

Were the results normal?                      Yes                      No

If abnormal, please explain: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I verify the accuracy of the information above. I authorize Vegas Baby! 4D Ultrasound to disclose medical information to my healthcare provider if necessary.

I agree that I am financially responsible for charges related to this ultrasound.

I also understand that I/we are not allowed to use personal recording devices (i.e phones, cameras) to take our own recordings and pictures, unless given express permission from ultrasound tech.

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_