Elective Prenatal 4D Ultrasound Imaging

Providers Name: _____ Provider Fax #: _____

Your Client/Patient: _____, has requested a Non-Diagnostic Ultrasound at our 3D/4D Ultrasound Studio.

Prenatal Peek ® requires all clients to be under the care of a prenatal provider and receiving prenatal care. You Client/Patient has elected to have an optional non-diagnostic ultrasound. If this is not your Client/Patient or you have any questions regarding our services, or do not wish your Client/Patient to use our supplemental service please contact us.

If you do not wish to receive notification for future patients requesting our services, please complete the area below and return via fax.

Prenatal Peek ® Services & Disclaimer

Using the latest in 3D/4D fetal imaging, Prenatal Peek® allows your patients to view their baby during a relaxed, personalized ultrasound session. We offer a non-diagnostic ultrasound; we do not provide measurements, determination of due dates or other related diagnostic information.

- We are staffed by highly-trained ultrasound technicians using the latest technology in accordance with FDA Regulations.
- We offer the Highest Quality in external 4D, 3D and 2D imaging and gender determination accuracy
- Our goal is to promote prenatal maternal bonding to mothers & family members.

Request to Waive Notification

Patients from our office may receive non-diagnostic imaging services at Prenatal Peek® if they so choose without prior notification.

Prenatal Providers Name: _____

Address: _____

_____

Signature: _____

Request More Information Yes • No •
Please call and one of our representatives will be happy to answer questions or
Do you request more literature Yes • No •

Please FAX back to (408) 365-7344

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(408) 365-7335

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