



*First Vu Imaging*

3108 Midway Road

Suite 201

Plano, TX 75093

972-398-1900

972-294-3778 (fax)

info@firstvuimaging.com

www.firstvuimaging.com

## WAIVER OF LIABILITY

First Vu Imaging understands the importance of proper prenatal medical care for both the expectant mother and the fetus. Therefore in order to provide our clients with an appropriate, meaningful ultrasound session, First Vu Imaging requires that you provide written authorization from your healthcare provider for this elective ultrasound.

As a further condition to receiving ultrasound services from First Vu Imaging, you hereby acknowledge, understand and agree to the following statements. (Please initial each statement.)

\_\_\_\_\_ I understand that if I am 5 or more minutes late to my appointment, my appointment will be rescheduled.

\_\_\_\_\_ This ultrasound is an elective procedure that I have voluntarily requested, and is not intended to take the place of a diagnostic ultrasound or any other test or treatment that has been recommended by my provider. Because of its elective nature, this ultrasound is generally not covered by insurance. Therefore, advance payment is required.

\_\_\_\_\_ I understand the quality of the ultrasound and the DVD/ CD images depends upon many factors including: body tissue content, developmental stage and fetal position. I understand that First Vu Imaging does not guarantee the quality of the DVD/ CD or the ability to visualize any characteristics of the fetus.

\_\_\_\_\_ I understand that while First Vu Imaging makes every effort to capture a good image of my baby, First Vu Imaging cannot guarantee the cooperation nor the position of the baby. I understand that every baby scans differently, depending on the gestational age, position, amount of amniotic fluid, placental location, and mother's body habitus.

\_\_\_\_\_ I understand that if First Vu Imaging is unable to get a good image of the baby, First Vu Imaging has still provided the service of the ultrasound, thus First Vu Imaging will not provide a refund if I am unhappy with the results.

\_\_\_\_\_ The technician who performs this ultrasound, while qualified to provide such ultrasound services, is not a doctor, nurse or healthcare provider, and cannot interpret, diagnose medical conditions from, or otherwise offer medical conclusions regarding the images produced.

\_\_\_\_\_ As used by First Vu Imaging, this ultrasound is intended to provide enhanced images for the purpose of viewing fetal movement in utero. The technician will make no attempt to guarantee a medically inclusive ultrasound or fetal well being.

\_\_\_\_\_ I understand that I am responsible for contacting my own healthcare provider if I have questions concerning this ultrasound or any other aspect of my pregnancy.

As evidenced by the signature below, you understand that factors beyond our control may affect the ability to accurately determine the gender of the fetus, and that First Vu Imaging can provide no warranty or guarantee to the accuracy of such determination. You further understand that while ultrasound is believed to have no harmful effect on the mother or fetus, future research or other information may disclose harmful or adverse effects that are presently unknown.

IN CONSIDERATION OF THE SERVICES RENDERED, YOU AGREE TO RELEASE FIRST VU IMAGING, ITS AGENTS, AFFILIATES, DIRECTORS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION FOR INJURY, HARM, DAMAGE, OR OTHER LIABILITY, WHICH MAY RESULT FROM, OR ARE ALLEGED TO HAVE RESULTED FROM THIS ULTRASOUND, INCLUDING, BUT NOT LIMITED TO, THE FAILURE OF FIRST VU IMAGING TO ACCURATELY DETERMINE GENDER OR OTHER CHARACTERISTICS, AND ANY DAMAGES OR INJURIES RESULTING FROM ULTRASOUND, WHICH ARE NOT NOW KNOWN TO OCCUR.

"I have carefully read and initialed this document and by signing below, acknowledge that I fully understand and agree to its contents."

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_