

Patient Acknowledgement Form

The service provided today is an ELECTIVE prenatal 2D or 4D ultrasound at Waves of Love Imaging at Chenal Family Practice. We provide limited, non-diagnostic ultrasound sessions to promote prenatal parental bonding before birth that often creates healthier lifestyles. Our sessions DO NOT, in any way, replace regular prenatal care or diagnostic exams ordered by a client's healthcare provider if they have one.

I understand that this is an ELECTIVE procedure only; and as such, I agree not to hold either party listed herein responsible or liable for any current or future potential health concerns relating to my pregnancy or unborn baby.

I have read and understand the statements above.

Print Patient Name: _____ Date: _____

Patient Signature: _____

Waves of Love Imaging at Chenal Family Practice
11215 Hermitage Road, Suite 103
Little Rock, AR 72211
(501) 791-5690