



1106 E. Douglas, Wichita, Ks 67214

Mothers Name \_\_\_\_\_ Today's date \_\_\_\_\_

Due Date \_\_\_\_\_ Father's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

D.O.B \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

May we post a picture on Facebook or Website YES NO Have you been here before? YES NO

Your OB Doctor is \_\_\_\_\_

Have you had a prior sono/anatomy scan? \_\_\_\_\_ If so, when/ where? \_\_\_\_\_

Baby's name (if you have one yet) \_\_\_\_\_

**Please know this is not a diagnostic exam and will not be read by a Radiologist.**

**Precious Debut will not be responsible of diagnosing fetal abnormalities or for any complications that may occur during pregnancy or after. Signing this form waves any liability to Precious Debut or your Physician.**

**Patient Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Thank you! We look forward to sharing this special time with you and your family!**