



CUSTOMER AGREEMENT

Images of Love, LLC (“Images of Love”) performs elective ultrasound-related services that are in no way intended to replace diagnostic screens performed under the order and care of your physician. Therefore, in order to be eligible for our ultrasound-related services, Images of Love requires that you: (i) are under the care of a board-certified OB-GYN physician and (ii) notify your current physician regarding the ultrasound you receive from Images of Love. You agree to provide the name and contact information for your OB-GYN below, but you assume sole responsibility for notifying your physician of the services you receive from Images of Love.

As a further condition to receiving ultrasound services from Images of Love, please indicate that you acknowledge, understand and agree to the following statements by initialing next to each statement below:

_____ This ultrasound (i) is an elective procedure that I have voluntarily requested and (ii) is not intended to take the place of, or be a diagnostic supplement to, standard prenatal care and diagnostic ultrasounds or any other test or treatment that has been or may be recommended by my physician or other healthcare providers.

_____ Because of its elective nature, this ultrasound is generally not covered by insurance. Therefore, advance payment is required, and Images of Love will not bill your insurance carrier for reimbursement.

_____ The individual who performs this ultrasound is qualified to provide the services. However, this is not a physician’s office, and the purpose of your ultrasound/sonogram is not for diagnosis of medical conditions. We will not offer any medical conclusions regarding the images produced. The purpose is purely to provide you with images for your personal use and enjoyment.

_____ You understand that the quality of the ultrasound and the DVD, or other audio/visual media, depends upon many factors, including body tissue content, developmental stage and fetal position. Images of Love does not guarantee the quality of the images, DVD, or other audio/visual media, or the ability to visualize any characteristics of the fetus.

_____ You understand that publication, presentation or distribution of any video taken during the ultrasound session, other than that provided to you by Images of Love, is strictly prohibited.

_____ You understand that while we make every effort to capture a good image of your baby, we cannot guarantee the cooperation nor the position of the baby. Every baby scans differently, depending on the gestational age, position, amount of fluid, placental location and mother’s body habitus.

_____ If requested, we will provide you with our determination of the gender of your fetus, provided that factors beyond our control may affect the ability to accurately determine such gender, and that we provide no warranty or guaranty as to the accuracy of any such determination.

_____ You acknowledge and agree that while ultrasound is believed to have no harmful effect on the mother or the 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 IMAGES OF LOVE, ITS AGENTS, AFFILIATES, DIRECTORS, AND EMPLOYEES FROM ANY AND ALL CLAIMS OR CAUSES OF ACTIONS FOR INJURY, HARM, DAMAGE OR OTHER LIABILITY WHICH RESULTS FROM, OR ARE ALLEGED TO HAVE RESULTED FROM, OUR SERVICES, INCLUDING, BUT NOT LIMITED TO, THE FAILURE OF OUR ULTRASOUND TO ACCURATELY DETERMINE FETAL GENDER OR OTHER CHARACTERISTICS.

By signature below, you acknowledge and agree that you have carefully read this document and that you fully understand and agree to its contents.

CUSTOMER:

Signature: _____

Name: _____

Your OB-GYN:

Name: _____

Telephone Number: _____