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Elective Ultrasound Waiver

Real Time II, LLC understands the importance of proper prenatal medical care. Therefore, in order to provide our patients with a meaningful ultrasound, Real Time II, LLC requires that you:

- Certify that you are under the care of a healthcare provider and that you are not receiving this ultrasound as a replacement for standard prenatal healthcare.
- Notify your healthcare provider of the ultrasound you receive from Real Time II, LLC.

To receive an elective ultrasound from Real Time II, LLC, you hereby acknowledge, understand, and agree to the following:

This ultrasound is an elective exam that I have voluntarily requested and is not intended to take place of a diagnostic ultrasound or any other prenatal care.

This is an elective ultrasound and not covered by insurance. Therefore payment is due at the time of the ultrasound.

The sonographer who performs this ultrasound is qualified to provide diagnostic ultrasound services, but will not interpret or diagnose medical conditions from the images produced by this ultrasound.

You understand that the quality of the ultrasound depends upon many factors including, amniotic fluid levels, body tissue content, fetal development stage and position, and placental position. Real time II, LLC does not guarantee the quality of the images.

You understand that factors beyond our control may affect the ability to determine the gender of the fetus and Real Time II, LLC cannot warranty or guaranty the accuracy of such determination.

In consideration of the services rendered, you agree to release Real Time II, LLC, affiliates, directors, and employees from all claims or causes of action from injury, harm, damage, or other liability which may result from or alleged to have resulted from this ultrasound. Not limited to the inaccuracy of determining fetal gender or other characteristics, and any damages or injuries resulting from ultrasound that are not known to occur.

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

Signature _____ Date _____

Printed Name _____

For Office Use Only:

DOB _____ MR# _____ Gender _____ Other _____