



PHYSICIAN ACKNOWLEDGEMENT FORM

A STORK'S VIEW provides only non-diagnostic 4D prenatal ultrasounds. An ultrasound with A STORK'S VIEW is an optional service and is in no way designed to replace an ultrasound ordered by your Physician. We require all our clients to be receiving active prenatal care and to inform their medical provider of their intent to have a sonogram at A STORK'S VIEW. Prior to making your decision to have an ultrasound with us, we urge you to review our web site, www.astorksview.com, and to discuss any medical questions you may have regarding sonograms with your Physician.

_____ is currently receiving prenatal care.
(Client Name)

Clinic signature _____

Address & Phone # of medical facility

This form may be faxed to 904-268-1006 or brought with you to your appointment.