



**FIRST IMPRESSIONS**  
ULTRASOUND

**First Impressions Ultrasound**  
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Cordova, Tennessee 38016

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## NEW CLIENT REGISTRATION FORM

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Spouse/Partner's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address (your privacy is assured): \_\_\_\_\_

Due Date: \_\_\_\_\_ Physician: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Have you informed your doctor of your visit to our facility?  Yes  No

Have you had any problems with your current pregnancy?  Yes  No

If yes, please explain: \_\_\_\_\_

How many ultrasounds have you had with this current pregnancy? \_\_\_\_\_

When was your last ultrasound? \_\_\_\_\_

Were the results normal?  Yes  No

If abnormal, please explain: \_\_\_\_\_

How did you hear about us?  Advertisement  Friend/Co-worker  Internet  Other (please list)

I verify the accuracy of the information above. I authorize First Impressions Ultrasound to disclose medical information to my healthcare provider if necessary. I agree that I am financially responsible for charges related to this ultrasound.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[www.4DFirstImpressions.com](http://www.4DFirstImpressions.com)