ROOKS COUNTY
RCH
HEALTH CENTER

Rooks County Health Center
1210 N. Washington St. P.O. Box 389
Plainville, KS 67663
785.688.4424

4D IMAGING REQUISITION

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CONTACT INFORMATION

Participant Name: _____ Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____)_____ Cell Phone: (____)_____

Current Prenatal Physician: _____ Weeks of Gestation: _____ Due Date: _____
(Please remember by signing this form you are stating you are currently seeking prenatal care from a qualified medical provider)
*(Must be between 25-34 weeks gestation to have service)

How did you hear about Peak-a-View 4D Imaging _____

PARTICIPANT INFORMED CONSENT

- Rooks County Health Center's Peek-A-View 4D Imaging's primary purpose is to supply the expecting parents, their family and friends with a great memory of expecting baby. Rooks County Health Center's Peek-A-View 4D Imaging services, videos and photos are not designated to replace the care received by a physician or other medical care provider.
- As a requirement to use Rooks County Health Center's Peek-A-View 4D Imaging and its services, all clients are required to be receiving current care from a physician or other medical care provider. Please remember that Rooks County Health Center's Peek-A-View 4D Imaging's photos and digital images cannot and do not replace a medical ultrasound ordered by one's medical provider.
- Rooks County Health Center's Peek-A-View 4D Imaging is a non-diagnostic ultrasound service. A radiologist does not read the exam, and your physician does not receive a report. Rooks County Health Center is in no way liable for any abnormalities or complications during your pregnancy. By signing this document, you are waiving any responsibility or liability by Rooks County Health Center or your physician. If any suspected abnormality is identified by the sonographer, they will notify your physician.
- Rooks County Health Center's Peek-A-View 4D Imaging is not a medical service and therefore not covered by any form of medical insurance. Any service performed by Rooks County Health Center's Peek-A-View Imaging requires a full cash payment up front at Rooks County Health Center's Radiology Department.
- Rooks County Health Center's Peek-A-View 4D Imaging will strive to achieve the best imaging possible, but there are dependent factors that can affect the quality of the imaging. Dependent factors include gestation age, amount of amniotic fluid in front of the baby's face, baby's positioning and mother's body mass. Please remember that there will be no refund for quality of image.

I _____ have read the following and understand the terms and conditions of Rooks County Health Center's Peek-A-View 4D Imaging.

Signature _____ Date _____

I _____ understand that Rooks County Health Center's Peek-A-View 4D Imaging is not a medical service. I am responsible for my own prenatal care during and after pregnancy.

Signature _____ Date _____

Signature of Parent/Legal Guardian: _____ Date _____

Signer's Relationship to Patient: _____ Date _____

PHYSICIAN/HEALTH CARE PROVIDER VERIFICATION

_____ is currently under my prenatal care, and has received a full diagnostic ultrasound.

_____	_____	_____
Physician/Provider Name Printed	Physician/Provider Signature	Date