

Sonogram Image Release Form

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I hereby hold harmless, release, and forever discharge Tallahassee Perinatal Consultants, LLC from all claims, demands, and causes action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have because of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE SONOGRAM RELEASE FORM. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

I ACCEPT

I DECLINE

Printed Name

Date

Patient/Guardian's Signature