



Babies Bakery

ADDRESS: 2206 E. Broadway - Suite A. Pearland, Tx 77581

PHONE: (281) 917-7744

EMAIL: babiesbakery1@gmail.com

www.BabiesBakery.com

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: _____

Mom's Date of Birth: _____ Physician's Phone #: _____

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)

May we share your baby's pictures / video clip on our Facebook Page? Yes No

If you were referred by someone, please tell us who! _____

Would you like to receive information and samples regarding Breastfeeding, Baby Formula and Nutrition for both Mom and Baby from Enfamil? Yes No

I verify the accuracy of the information above. I authorize Babies Bakery 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: _____

By signing above, you are acknowledging that you fully understand that Babies Bakery is for elective purposes only & is not a diagnostic medical facility. We get to enjoy the fun part while your physician takes care of all medical necessities!