

CONSENT FOR GYNECOLOGY EVALUATION

Written consent of the patient or the patient's legal representative or guardian is required prior to a Gynecological examination. Part of your GYN evaluation may include but is not limited to a breast examination as well as a pelvic examination and diagnostic samples may be taken as a result (pap smear).

A pelvic examination is defined by and includes an examination of the vulva, vagina, cervix, uterus, fallopian tubes, ovaries, uterus, rectum, or external genitalia, or pelvic organs using a combination of modalities, which may include, but not be limited to, the healthcare provider's gloved hand or instrumentation.

I understand and consent to a **"MEDICALLY INDICATED GYN EXAMINATION INCLUDING BUT NOT LIMITED TO A PELVIC EXAMINATION"**. This may be performed by the doctor, physician assistant, and/or medical resident.

Patient Name: _____ Date _____

Patient Signature: _____

Signature of Legal Representative or Guardian: _____

(If patient under the age of 18)

Witness Signature: _____