



PATIENT UPDATE

1). Demographic Information

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone same as cell _____

Employer _____ Work Number _____

Email address _____

Emergency Contact Name _____ Phone _____

Primary Care Physician _____ Phone # _____ N/A

2). Insurance Information – REQUIRED

Insurance Plan _____ I.D. _____

You are the subscriber (owner of the policy) – *If you are the subscriber – skip to item 3*

You are not subscriber

Policy Owner/Subsciber Information

Subscriber Name: _____ DOB _____

Address

Same as patient

Different than patient

Policy Owner Address _____

3). Pharmacy

CVS Walgreens Publix Walmart Target

Address/Cross Roads _____

Pharmacy Phone Number _____



Ivonne Maria Reynolds, DO, LLC

OBSTETRICS AND GYNECOLOGY



CONSENT FOR MEDICAL EVALUATION

Written consent of the patient or the patient’s legal representative or guardian is required prior to a medical examination. Part of your evaluation may include but is not limited to a breast examination as well as a pelvic examination including rectal examination.

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 AND/OR RECTAL 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: _____