



BAYSHORE WOMENS HEALTHCARE
BOARD CERTIFIED IN OBSTETRICS & GYNECOLOGY

GENERAL CONSENT FOR COMPREHENSIVE EXAMINATIONS INVOLVING PELVIS AND/OR RECTUM

I understand the planned procedure and I consent to a medically indicated physical examination which may include, but may not be limited to the following:

- A female Gynecological Exam which may include a rectal exam and a pelvic exam.
- An Ultrasound Exam which may include a probe placed in the vagina.
- A rectal exam only.
- An Ultrasound Exam which may include a probe placed into the rectum.
- Other procedures as listed _____.
- Examination of external genitalia _____.

This examination will be performed by any provider from Bayshore Womens Healthcare LLC.

The consent will remain active until I withdraw my consent in writing.

Name of Patient: _____ Date _____

Signature of Patient or Patient Representative if under 18: _____

Joseph R. Triana, M.D., F.A.C.O.G.
Albert Triana, M.D., F.A.C.O.G.

3661 South Miami Avenue -Suite 704 Miami, Florida 33133
305-854-8112 office / 305-854-1633 fax

Ernesto Cardenas, M.D., F.A.C.O.G.
Youssef Mouhayar, M.D., F.A.C.O.G.

Francisco Cruz-Pachano, M.D., F.A.C.O.G., R.D.M.S.
3785 NW 82 Avenue Suite 307 Doral, Florida 33166
786-953-7651 office / 855-767-9549 fax