

**BOCA RATON OB/GYN SPECIALISTS, LLC**

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**CONSENT FOR  
MEDICALLY INDICATED EXAMINATION**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

I hereby authorize Boca Raton OB/GYN Specialists, LLC staff, including physicians, nurses, medical assistants, ultrasound technicians, residents and/or medical students to perform a medically indicated examination including but not limited to a female gynecologic exam which may include a pelvic and rectal exam, an ultrasound exam, which may include a probe placed in the vagina, relevant laboratory testing, and prescribing of any other indicated treatment.

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

Patient Signature: \_\_\_\_\_

**FOR MINORS:**

Signature of Legal Guardian: \_\_\_\_\_

Printed Name of Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_