**CONSENT FOR PELVIC EXAMINATION**

A Pelvic Examination is an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs. This procedure is used to diagnose and/or treat conditions that involve the pelvis. It may be performed using any combination of modalities, which may include the health care provider’s gloved hand or instrumentation. For purposes of this consent, vaginal sonography is included.

By signing this consent, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize and direct

[Print Patient’s Name]

Dana Schey MD LLC

and my treating health care provider, the employed and/or contracted medical personnel of Dana Schey MD LLC as deemed necessary by my treating physician, to perform a pelvic examination, including vaginal sonography, as described above. I understand that a pelvic examination may be needed while receiving medical care from Dana Schey MD LLC in the future, and I hereby agree and acknowledge that this written consent applies to any and all pelvic examinations conducted today, or in the future, by a health care provider employed by and/or contracted with Dana Schey MD LLC unless I revoke this consent in writing by hand delivering a copy of the revocation to Dana Schey MD LLC. By my signature below I acknowledge that I have read or have read to me and understand the contents of this form.

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Patient/Legal Representative Signature Printed Name and Date

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Witness Signature Printed Name and Date

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Provider Signature Printed Name and Date