



**Diagnostic Center**  
of Miami



## 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 and/or Technologist.

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

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

Signature of Legal Representative or Guardian: \_\_\_\_\_  
(If patient under the age of 18)

Witness Signature: \_\_\_\_\_