



*MAETOZO TOTAL WOMAN'S CARE OF ST. AUGUSTINE, LLC*

*1301 PLANTATION ISLAND DR. STE 103*

*ST. AUGUSTINE, FL 32080*

*PH: 904.461.5330*

*FAX: 904.461.5334*

**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:

( X ) a female Gynecological Exam which may include a rectal exam and a pelvic exam

( X ) An Ultrasound Exam which may include a probe placed in the vagina.

( X ) A rectal exam only

( X ) An Ultrasound Exam which may include a probe placed into the rectum.

( X ) Other procedures as listed \_\_\_\_\_

This examination will be performed by any provider from Maetozo Total Woman's Care of St. Augustine, LLC.

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

**Name of Patient**

\_\_\_\_\_

**Signature of Patient or Patient's Representative if under 18**

**Date** \_\_\_\_\_

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