Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology www.myobgynoffice.com

PELVIC EXAM CONSENT

This consent is mandated by Florida state law

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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.

I, hereby consent to a medically indicated physical examination, This may include but is not limited to a pelvic examination and vaginal ultrasound when medically indicated. This consent will apply to any provider employed by or supervised by Women's Health Partners, LLC. This consent will remain active until l withdraw my consent in writing.

Patient Signature	Date	Account #
Patient Name (Print)	_	
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