

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:

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

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

() A rectal exam only

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

() Other procedures as listed _____

() Examination of external genitalia _____

This examination will be performed by any provider from **Dr. Delisa Skeete Henry LLC.**

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

Print Name of Patient:

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

Date _____