



Yavagal Urogynecology, LLC

Pelvic Exam Consent Form

Consentimiento de Examen Pélvico/Rectal

I undersigned give permission to Dr. Sujata Yavagal, MD, Thara Bhangu, PA and staff at Yavagal Urogynecology to perform a medically indicated exam including but not limited to a pelvic/rectal exam. This remains effective till I withdraw this consent in writing.

Autorizo a la Dr. Sujata Yavagal, MD, Thara Bhangu, PA y el personal de Yavagal Urogynecology para realizar un examen médicamente indicado que incluye, entre otros, un examen pélvico /rectal. El consentimiento permanecerá activo hasta que retire mi consentimiento por escrito.

Patient's name/Nombre del paciente

Date/Fecha

Patient's signature/Firma del paciente

Parent/Legal Guardian Name/ Nombre del padre o custodia legal

Parent/Legal Guardian Signature/ Firma del padre o custodia legal