

CONSENT FOR PELVIC AND/OR RECTAL EXAMINATION

A **Pelvic Examination** is an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum or external pelvic tissue or organs (including scrotum, testicles, penis, prostate). 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 providers gloved hands and instrumentation. For purposes of this consent, vaginal sonography performed by ultrasound technician is included.

By signing this consent, I _____ authorize and direct,

East Florida Premium Medical Care

And

Provider*:

to perform a pelvic examination, including vaginal sonography, as described above. By my signature below, and I acknowledged that I have read and understand the content of this form.

Patient/Legal Representative Signature

Printed Name and **DOB**

Witness Signature

Printed Name

Date: