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PELVIC EXAM CONSENT FORM

Patient Name: _____ DOB: _____

- **CONSENT:** I, the above listed Patient or as the legally authorized person for the Patient, hereby consent to receiving pelvic examinations being performed by my physician or other health care practitioner.
- **NATURE OF PELVIC EXAMINATIONS:** For the purposes of this Consent Form, a “pelvic examination” means the series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, external pelvic tissue, or organs using any combination of modalities, which may include, but need not be limited to, the health care provider’s gloved hand or instrumentation.
- **VALIDITY OF CONSENT:** The Patient, or the Patient’s legal authorized person, acknowledges that this consent will remain valid from the date the Patient, or the Patient’s legally authorized person, dated this Consent Form below, unless otherwise revoked in writing by the Patient, or the Patient’s legal authorized person.

I CONSENT TO RECEIVE PELVIC EXAMINATIONS AS DESCRIBED ABOVE, AND ALL MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

Patient’s Signature

Date

Legally Authorized Person Signature

Relationship to Patient

Legally Authorized Printed Name

Date

Witness Signature

Witness Printed Name

Date