



NAPLES WOMEN'S CENTER

A HealthLynked Company

PELVIC/RECTAL EXAMINATION CONSENT

Patient Name: _____ DOB: _____

I understand that my medical care may require a pelvic (and/or) rectal examination defined as a series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or 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.

By my signature below, I give my express consent to any and all medically appropriate pelvis/rectal examinations as defined above to be conducted now or in the future by a healthcare provider, medical student, or student receiving training as a healthcare provider that is employed by or contracted by:

NAPLES WOMEN'S CENTER

1726 Medical Blvd. Suite 101

Naples, FL 34110

Patient Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____

This office is compliant with and regulated by the Board of Medicine Rule Chapter 64B8 and 64B15, Florida Administrative Code.

Form Date: 6/26/20