

Luna Beck, M.D.

Board Certified Internal Medicine

Pelvic Examination Consent Form

Today's Date: _____

A Pelvic Examination is an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs. 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 provider's gloved hand or instrumentation. For purposes of this consent, vaginal sonography is included.

By signing this consent, I _____ (Patient Full Name)

authorize and direct **Luna Beck, MD** and my treating health care provider, the employed and / or contracted medical personnel of **Luna Beck MD** as deemed necessary by my treating as a health care provider who may be involved in my care, to perform a pelvic examination, including vaginal sonography, as described above.

I understand that a pelvic examination may be needed while receiving medical care from **Luna Beck MD** in the future, and I hereby agree and acknowledge that this written consent applies to any and all pelvic examinations conducted today, or in the future, by a health care provider, medical student, or student receiving training as a health care provider employed by and / or contracted with Luna Beck MD, unless I revoke this consent in writing by hand delivering a copy of the revocation to **Luna Beck MD**.

By my signature below I acknowledge that I have read or have read to me and understand the contents of this form.

Patient Name: _____

Patient Signature

Date Signed

Witness Name: _____

Witness Signature

Date Signed
