

Gynecological Exam Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Consent Statement

I, the undersigned, consent to the gynecological examination performed by Dr. _____.

Purpose of the Exam

The purpose of this examination is to check for any potential issues related to my reproductive health.

Procedure

The examination may include, but is not limited to:

- Pelvic exam
- Breast exam
- Pap smear
- Ultrasound (if necessary)

Risks and Benefits

I understand that any medical procedure carries risks, but also benefits. I have been informed about the risks involved and have had the chance to ask questions.

Patient Acknowledgment

By signing below, I confirm that I understand the nature of the procedure and consent to the examination.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____