

Florida Women's Health, LLC

Poorti Karve Riley, M.D.
Obstetrics & Gynecology

4600 SW 46th Court, Suite 150
Ocala, FL 34474
Phone: 352-369-5999 - Fax: 352-629-4227

Consent for Pelvic Examination

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 healthcare provider's gloved hand or instrumentation. For purposes of this consent, vaginal sonography is included.

By signing this consent, I _____ authorize and direct

Florida Women's Health, LLC

Poorti Riley, MD, Kelsey Lipking, MD, Liana Jawad, PA-C, Kelsey Shaner, PA, Kelly Curington, APRN, Krista Barrier, APRN, Angela Le, APRN, Jessica Hughes, sonographer

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

Patient/Legal Representative Signature

Printed Name and Date