

Well Woman Exam Consent Form

Dear Patient:

You are scheduled today for your annual routine Well Woman Exam. This exam includes a breast exam, pelvic exam, and could possibly include a PAP smear screening for cervical cancer prevention. A Well Woman Exam is preventative and does not address any current health problems or concerns.

We want to bring to your attention that if you are experiencing any problems, or if there is a problem identified during your exam, your insurance company may require us to collect an additional copay amount.

Please initial next to your preference for today's visit below:

_____ I want ONLY my Well Woman Exam

_____ I want ONLY to address my problems today (Your office visit copay or co-ins amount may be collected today)

_____ I want both my annual Well Woman Exam AND problems addressed today (Your Insurance company may require us to collect additional copay or co-insurance amounts)

Patient/ Guardian Printed Name _____ DOB: _____

Patient/ Guardian Signature _____ Date: _____