



In accordance with new State Law, any health care practitioner must obtain the written consent of a patient or a patient's representative before performing a pelvic exam.

By signing below, you, the patient, are consenting to receiving a Pelvic exam, if needed, by any health practitioner at Ultra Health & Wellness LLC.

You, the patient, can request a chaperone in the room during your exam.

I decline a chaperone

I request a chaperone

Patient name

_____ Date

Ultra Health & Wellness LLC Dr. Linda A Kiley
4270 Design Center Drive #100A
Palm Beach Gardens FL 33410
(561) 701-2841 ultrahw.com