

**Patient Chart # \_\_\_\_\_**

**AUTHORIZATION FOR GYNECOLOGICAL EXAM OF MINOR**

I hereby authorize the providers at The Woman's Place, P.A. to perform a gynecological exam on stated minor, \_\_\_\_\_, on scheduled date of \_\_\_\_\_. I understand that this consent authorizes the provider to order all tests deemed appropriate for the patient at this visit. These tests may include, but are not limited to, pap smear, screening tests for sexually transmitted diseases and other labs. I further understand that the provider may discuss issues such as sexual activity, methods of birth control and sexually transmitted diseases. I agree that the provider may perform treatments (including vaccines) and / or give prescriptions as indicated.

I understand that I am responsible for any financial obligation incurred at this visit or follow-up visits.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date