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## GENERAL CONSENT FOR COMPREHENSIVE EXAMINATIONS INVOLVING PELVIS AND/OR RECTUM

I understand the planned procedure and I consent to a **medically indicated physical examination which may include, but may not be limited to the following:**

- a Female Gynecological Exam which may include examination of the external genitalia, a pelvic exam and a rectal exam
- An Ultrasound Exam which may include a probe placed in the vagina
- A rectal exam only
- An Ultrasound Exam which may include a probe placed into the rectum
- Other procedures as listed \_\_\_\_\_

This examination will be performed by the doctor, physician assistant, medical resident, ultrasound technician and/or pelvic floor physical therapist at The Center for Women's Sexual Health and Medicine, the office of Marisa Messore M.D. LLC. The consent will remain active until I withdraw my consent in writing.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Signature of Legal Representative or Guardian: \_\_\_\_\_  
(If under the age of 18)

Witness: \_\_\_\_\_