



# DUNWOODY OBSTETRICS & GYNECOLOGY, PC

1829 INDEPENDENCE SQUARE

DUNWOODY, GA 30338

770.551.9616 (p) 770.394.3647 (f)

## STI TESTING CONSENT

We offer **STI (Sexually Transmitted Infection)** testing. Information about the test(s) offered is available for review per your request. A large number of insurance providers cover testing during your annual visit AND if exposure has occurred. However, our office will not be able to determine if it is a covered service by your individual insurance provider. Therefore, additional charges from the laboratory may apply. If this is the case, you will receive a separate bill from the laboratory for any uncovered services.

\_\_\_\_\_ I **DO NOT** desire STI testing at this time.

\_\_\_\_\_ I **DO** desire STI testing--Initial by the test you want performed today.

\_\_\_\_\_ **CHLAMYDIA** (obtained from vaginal culture)

\_\_\_\_\_ **GONORRHEA** (obtained from vaginal culture)

\_\_\_\_\_ **BV/YEAST** (obtained from vaginal culture)

\_\_\_\_\_ **TRICHOMONIASIS ("TRICH")** (obtained from vaginal culture)

\_\_\_\_\_ **HSV 1 (HERPES SIMPLEX VIRUS 1)\*/\*\*** (obtained from blood specimen)

\_\_\_\_\_ **HSV 2 (HERPES SIMPLEX VIRUS 2) \*\*/\*\*** (obtained from blood specimen)

\_\_\_\_\_ **HBV (HEPATITIS B VIRUS)\*** (obtained from blood specimen)

\_\_\_\_\_ **HCV (HEPATITIS C VIRUS)\*** (obtained from blood specimen)

\_\_\_\_\_ **HIV (HUMAN IMMUNODEFICIENCY VIRUS)\***(obtained from blood specimen)

\_\_\_\_\_ **RPR (SYPHILIS)** (obtained from blood specimen)

\* IF TEST RESULTS HAVE BEEN POSITIVE PREVIOUSLY, REPEAT TESTING IS NOT RECOMMENDED.

\*\*THIS IS AN ANTIBODY TEST AND ONLY TESTS FOR EXPOSURE TO HERPES. A POSITIVE RESULT DOES NOT MEAN THAT A PERSON IS A CARRIER FOR THE HERPES VIRUS.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
PATIENT (GUARDIAN) SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE