

ADVANCEDUROLOGY
OF SOUTH FLORIDA
DIVISION OF UROLOGY GROUP OF FLORIDA, LLC

Lawrence M. Yore, M.D., F.A.C.S.
Edward M. Scheckowitz, M.D., F.A.C.S.
Emanuel E. Gottenger, M.D., F.A.C.S.

Florida Legislature as of July 1st 2020, now requires medical providers to obtain written consent for any exam or procedure in the proximity to the female genitalia

This legislature defines a pelvic examination , as an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum or external pelvic tissue or organs. This procedure is used to diagnose and / or treat conditions that involve the pelvis. It may be performed using any combination of modalities, which may include the health care provider gloved hand or instrument.

In Urology this includes obtaining a urine specimen with a catheter , inserting a catheter and performing a cystoscopy.

By signing this consent, I _____ give permission for this consent to be valid for the calendar year. I authorize and direct **Advanced Urology of South Florida**

Dr Lawrence M.Yore, Dr Edward M. Scheckowitz , Dr Emanuel E. Gottenger and the medical assistants that works under their supervision , to perform a pelvic examination as described above .By my signature below I acknowledge that I have read and understand the contents of this form .

Patient /Legal Representative Signature

Printed Name and Date

Witness Signature

Printed Name and Date