



Women's Health Specialists *of Central Florida*

Making Sure Women Receive The Best Care Available

I understand that it is my responsibility to provide Women's Health Specialist of Central Florida with documentation of any prior or current abnormal gynecological or medical test result/information which may be pertinent for my continued care. This documentation includes: pap smears, mammograms, ultrasounds, laboratory test, biopsies, CT scan, MRIs, hospital records etc. In addition, if my medical history changes at any time I will inform the staff.

Print: _____

Signature: _____

Date: _____

Silpa Senchani, M.D., F.A.C.O.G.

Gynecology

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