



6871 Belfort Oaks Place
Jacksonville, FL 32216

Well Woman Preventative Examination

Date of Service ____/____/20____

Patient's Name _____

I understand that I am here for my "Well Woman Preventative Care Examination". This type of exam means that there are no known problems or issues that need to be addressed by the physician or practitioner. A preventative examination includes:

- Counseling for birth control
- Routine prescription refills (such as hormones and birth control)
- Disease prevention
- Disease risks (ordering routine labs and studies)

STI Screening w/Pap (to include Gonorrhea, Chlamydia and Trichomoniasis) may be covered by your insurance as a part of the preventative exam but can be ordered by request.

_____ I consent to the above referenced STI Screening.

_____ I decline STD testing at this time.

If, however, the provider finds a problem or if I know of a problem necessitating additional evaluation and/or management during today's visit, I understand that the management of the problem on today's appointment will result in a separate "Office Visit" fee **IN ADDITION TO** the Preventative Care Exam fee.

I hereby agree to pay for any non-covered charges and any charges that accrue due to additional evaluation and/or management, which are not related to my annual Well Woman Preventative Care Examination.

Patient's Signature

_____/_____/20____
Today's Date

Print Patient's Name