



**Consent of the legal guardians of a minor patient for preventive care
in the office of ProfiGyn, s.r.o.**

Miss

Birth number..... Health insurance.....

Residence.....

is registered in the above-mentioned medical facility as of

Range of health care provided:

Diagnostics – therapeutic interview including family and personal history

Gynecological examinations, colposcopy, cervical pap smears, vaginal cultures, extractions from the cervical canal, urine culture collection, mucous membrane collection, oral examinations, pelvic examinations

Transabdominal (abdominal) and vaginal ultrasound examinations of the pelvis

Venous blood collection, intramuscular injections

Counseling when choosing a contraceptive method, prescribing and training at the start of contraception, monitoring health, blood pressure and weight.

Wound dressing and treatment of surgical wounds, removal of skin stitches.

Legal guardian's name, date and signature
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Patient signature
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Physician

Nurse.....