

Lorraine M. Dodson, M.D.
Brian T. Stephens, M.D.



Brandi Nichols, M.D.
Jodi A. Berendzen, M.D.
Amanda T. Rodemann, D.O.

PERMISSION FOR EXAM

I, _____, give my permission for my daughter,
_____, to be given a gynecologic examination and treatment as
necessary by _____.

I also give permission for my daughter's facial picture to be taken for identification purposes only.

SIGNATURE

WITNESS

DATE