

WOMEN'S MEDICAL a s s o c i a t e s

2520 S. Telshor Blvd, Las Cruces, NM 88011 – (575) 522-9793

Consent for Examination of a Minor

I, _____, the parent or legal guardian of _____ (minor),
authorize the providers at

Women's Medical Associates:

Briana Wellington, MD
Kathleen Callaghan, MD
Darwana Ratleff, MD
Shahzad Tabibi, MD
Jennifer Matherly, CNM
Jessica Herrera, CNM
Eva Falkner, CNM

To perform a gynecologic examination of the above minor for diagnostic purposes.

This consent is valid for: this visit only.
 One year.
 Other: _____

Signature of Parent/Guardian

Date

Signature of Patient

Date

Witness

Date