



WOMEN'S HEALTH  
& WELLNESS

**Vicki Steen, MD**

77 Starbrush Circle  
Covington, LA 70433  
985-893-1985

## **General Consent to Treatment**

I hereby authorize the doctors at Women's Health and Wellness OB/GYN to evaluate, diagnose, treat and otherwise care for, including test, cultures or procedures. This is a general consent for treatment for any services rendered here in the office, i.e. pap smear, breast exam, pelvic. If your plan of treatment requires further procedures, you will be consented on those specific procedures. For Ob patients, you will be screened for STD in your first trimester then again in your 3rd trimester, as per LA ACT 437.

Print Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Patient/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship if not signed by patient: \_\_\_\_\_