

Robert Ferris, M.D., F.A.C.O.G.
Lorraine Fincke-Dodson, M.D., F.A.C.O.G.
Allison Huebert, M.D., F.A.C.O.G.
Sarah Dunn, D.O.



Kevin Bredeman, D.O., F.A.C.O.G.
Brian Stephens, M.D., F.A.C.O.G.
Lisa Graessle, Nurse Practitioner

PERMISSION FOR EXAM

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

WITNESS

SIGNED

DATE

THE HEALTH PLAZA AT ST. MARYS

200 St. Marys Medical Plaza • Suite 102 • Jefferson City, Missouri 65101 • 573/636-5248 • Fax 573/636-9390