



DAVINCI
OBSTETRICS & GYNECOLOGY

Jacqueline L. Taylor, M.D. Soyoung Bae, M.D.
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Minor Consent

Date: _____

To Whom It May Concern:

**I give permission for _____
To be examined by Dr. Jacqueline Taylor, M.D., Dr. Soyoung Bae, M.D., Jillian Krywko,
NP-C, and Lacey Waits, NP-C and if necessary, to have a pelvic examination. I also give
consent to Jill Gonzales, RDMS or Catherine Ducharme, RDMS, if an Ultrasound is
needed.**

(Name)

(Relationship)