

**Informed consent of a patient in the ProfiGyn, s.r.o. clinic  
located at Prague 1, Spálená 78/12**

Patient name:.....birth date:.....

Address:.....

has freely decided to register for care in the above mentioned medical facility.

Description of the healthcare provided:

Diagnostic-therapeutic interview including family and personal history, continuous patient data. Recording of patient's data and health status, as well as examinations and performance, treatment data, and other related to the medical condition of patient in medical records.

Gynecological examinations, colposcopy, cervical and vaginal samplings for cytology, microbiology, biopsy, urine culture collection, oral mucous membrane collection, bimanual pelvic examinations. Abdominal and vaginal ultrasound examinations.

Insertion and removal of intrauterine contraceptive devices.

Venous blood collection, intramuscular injection, wound dressing, removal of skin stitches.

Counseling for contraceptive methods, anti HPV vaccination, hormonal treatment in peri-and menopausal period, monitoring blood pressure, body weight.

I confirm my fully understanding of Informed consent of a patient in the ProfiGyn, s. r. o. clinic and Price list of ProfiGyn clinic (published on [www.ProfiGyn.cz](http://www.ProfiGyn.cz)). I was explained and answered all my possible questions and objections without any psychological pressure.

My singnature confirms my agreement with the above stated information and Price list items:

Date and signature :.....