

INFORMED CONSENT

Dr. Armstrong recommends the following screening and/or diagnostic procedures during your annual or follow-up visits for certain conditions.

- 1) ___ Trans-vaginal ultrasound (sonogram). This study completes the standard examination to confirm normal and also accurately identifies common abnormalities such as polyps, fibroids, ovarian cysts and upper pelvic infections. It is also the best way to early identify certain silent cancers of the endocervix, uterus, fallopian tubes and ovaries. This examination is recommended by the NYU protocol.
- 2) ___ Colposcopy. This magnified view of the cervix and upper vagina is essential in identifying dysplasia, precancers and cancer. Pap testing and HPV alone can miss changes and abnormalities of these types (30% false negatives).
- 3) ___ Vulvoscopy. This magnified view of the vulva (exterior skin) is helpful to identify dysplasia, precancers and cancers early in addition to infectious and menopausal vulvitis (vulvo-vaginal atrophy). It is essential in the proper diagnosis of vulvar symptoms, skin changes, painful intercourse and recurrent UTI's.
- 4) ___ Breast ultrasound (sonogram). Combining this examination with mammography is the best way to diagnose breast cancer early. Mammogram alone misses 40-50% of small breast cancers especially in women with dense breasts (90% of all women). It is quick, accurate, painless (no squeeze required) and completely safe (no radiation).

Most insurances cover these exams however each insurance is unique and coverage for payment may vary.

Please circle and initial the tests above that you would like to include today.

TELEHEALTH INFORMED CONSENT (Please initial)

In responding to the Covid-19 pandemic, telephone and tele-video (Face Time) is a way to provide your individualized care privately without requiring a longer face-to-face visit.

___ I understand that Dr. Armstrong recommends the use of the above phone call to complete my visit. This improves social distancing and protection for everyone.

___ I understand that the telehealth visit is billed with the appropriate codes in the same manner as an office visit.

Name: _____ Date: _____