



Signature of patient

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USCFertility.org

## **HEALTH SCREENING DISCLAIMER**

The USC Fertility clinic aims to provide individualized advanced reproductive care. Our care does not substitute for annual pelvic exams, breast exams, pap smears, mammograms, cholesterol screenings, fecal occult blood tests, sigmoidoscopies, and other tests. Our office does not provide information regarding gynecologic cancers, which is mandated by law to be a part of every woman's annual gynecological examination.

Your signature below confirms that you have read the above statement, that you unders in our office does not substitute for regular visits to your own physician and that it is your responsibility to obtain periodic health screening tests and exams.	

Date