



**DR. MOEIN MOMTAZI**

**Moein Momtazi MD MSc FRCSC**  
Reconstructive & Cosmetic Plastic Surgeon  
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## Informed Consent for Physical Examination

It is the Standard of Practice for Dr. Momtazi that all patients be informed and consent to physical examination.

I understand that I was referred or self- referred for a consultation with Dr. Moein Momtazi.

I understand that the nature of my consultation will require a physical examination.

I also understand that if the nature of my consultation involves the breast, that a breast examination will be required.

I understand that part of my treatment with Dr. Momtazi will involve a physical examination at today's visit and at any future visits I have with Dr. Momtazi for continued assessment and treatment.

If I wish to have a chaperone present during my physical examination, I may request one at any time through any of the medical staff.

I understand that I can change my mind regarding the physical examination at any time.

I understand the above and consent to a physical examination at today's appointment in addition to all future appointments as required.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_