The American College of Obstetrics and Gynecology’s (ACOG) guidelines for pap smear collection have changed. Please read the guidelines below as you will have to authorize or deny having the test done.

ACOG GUIDELINES:

- Screening starting at age 21
- Every two years for most women under age 30
- Every three years for women 30 and older who have three negative prior screenings
- Cessation of cervical cancer screening at age 65 or 70, depending on a woman’s screening history.
- Women age 30 or older may be tested with cervical cytology alone or with cytology along with human papillomavirus (HPV) testing.

Please be advised, your insurance carrier may or may not cover a pap smear at your annual check up if you request the test be done more frequently than the above established ACOG guidelines. It is the patient’s responsibility to check with the insurance carrier with regard to coverage.

I, __________________________________________________________ (please print your full name),

☐ AUTHORIZE a pap smear collection at the time of my annual examination. I am aware of the guidelines and understand I may receive a bill if I do not fall within these guidelines.

☐ DECLINE to have pap smear collection at the time of my annual visit. I understand that if I request to return to the office to have the pap smear done at a separate visit I may be responsible for that visit in its entirety.

PATIENT Signature: ____________________________________ Date/Time: ________________

WITNESS Signature: ____________________________________ Date/Time: ________________

PHYSICIAN Signature: __________________________________ Date/Time: ________________