

**SVETLANA SAKIRSKY, NP IN FAMILY HEALTH, P.C.  
2280 GRAND AVE. STE. 203  
BALDWIN, NY 11510  
718-598-1805**

**CONSENT FOR EXAMINATION**

**I will be seen by a Nurse Practitioner who has acquired advanced education, special knowledge, and skills in the evaluation, diagnosis, treatment, education, risk assessment, health promotion, case management, coordination of care, and counseling in the primary care of adults and children.**

**I, \_\_\_\_\_, hereby request that the Nurse Practitioner( Svetlana Sakirsky, NP ) examine and treat me.**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_

**Date** \_\_\_\_\_