

**PHYSICAL EXAM WAIVER AGREEMENT**

*For patients who are scheduling a phone or telemedicine consultation,  
please read and sign below.*

I understand that due to the limitations of a phone or telemedicine consultation, it is not possible for me to receive a Physical Exam from Dr. Benedict.

I understand that a Physical Exam can reveal important information about my health.

I understand that if I have not received a Physical Exam within the last three months, I am recommended to receive one.

I understand that it is my responsibility to receive a Physical Exam if I have not had one within the last three months.

I agree to share my Physical Exam results with Dr. Benedict.

I have read, understand and agree to the above.

Patient Name (printed): \_\_\_\_\_

Patient Name (signature): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Thank you.