

IVONNE REYNOLDS DO LLC

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In accordance with recommendations from the American College of Obstetricians and Gynecologists (ACOG) our providers are offering every woman over the age of 30 the opportunity for HPV DNA testing in addition to your screening Pap smear.

Why should Patients Undergo Testing?

The HPV DNA test, when combined with the annual screening Pap smear, significantly improves the sensitivity of determining abnormalities of the cervix for women age 30 and older. Cervical cancer is associated with persistent HPV infection. A negative HPV performed in conjunction with the annual Pap smear rules out 99.21% of high-grade abnormalities of the cervix. A routine Pap smear could miss as many as 40% of both low and high-grade lesions compared to the low false-negative rate of combined testing.

HPV DNA testing may also be of benefit for patients under the age of 30 who have undergone a procedure to remove abnormalities of the cervix. ***It is current standard of care to send all abnormal Pap smears for HPV DNA testing, this is called reflex testing.*** Dr. Ivonne Reynolds and Dr. Jessica White currently performs reflex testing, if possible, on abnormal pap tests.

How often should I have the HPV DNA Test?

The HPV DNA test should be repeated every three years for women with a normal annual Pap smear and a negative HPV DNA test.

Is the Test Covered by Insurance?

While most major carriers cover the cost of screening, the office of Ivonne M. Reynolds, DO, LLC **is not responsible** for knowing the exact benefits of your insurance plan. **PLEASE NOTE THAT IF YOU HAVE A DEDUCTIBLE THE COST OF THE TEST MAY BE APPLIED BY YOUR INSURANCE COMPANY TO THIS RESULTING IN AN OUT OF POCKET EXPENSE.** If you have any questions regarding your insurance coverage please contact them BEFORE you elect to have the HPV DNA test done.

For more information regarding HPV DNA Testing please go to www.thehpvtest.com or www.tell-someone.com or ask your physician for more information.

- I DECLINE HPV DNA** testing despite the recommendation by ACOG that my physician performs the test.
- I am requesting my physician to perform HPV DNA testing. I understand this may result in an out of pocket expense. I understand that Ivonne Reynolds, DO LLC is NOT responsible for any costs incurred as a result of electing to have HPV DNA testing performed.

Signature: _____ Date: _____