



Date: _____

Patient Name: _____ DOB: _____

PATIENT CONSENT & ATTESTATION - NASAL ENDOSCOPY/LARYNGOSCOPY

NASAL ENDOSCOPY involves examining the nose/sinus/nasopharynx areas with direct vision using either a rigid endoscope or a flexible fiberoptic endoscope. **FLEXIBLE LARYNGOSCOPY (NPL)** involves examining the throat/voice box areas with direct vision using a flexible fiberoptic endoscope. Sprays may be used to decongest and numb the nasal passage and throat prior to endoscopic examination.

YOUR CONSENT:

The procedure and description of this procedure, the more common risks associated with it, and the potential complications have been described to me. This includes but is not limited to: a small amount of pain/pressure, a mild amount of bleeding, and a reaction to the nasal spray. I have had an opportunity to ask questions. I am satisfied with my understanding and the responses that I have received. I hereby authorize physicians at Penn Medicine Becker ENT & Allergy to perform a rigid sinus-nasal endoscopy and/or flexible nasopharyngoscopy (NPL). I hereby authorize the doctor to provide such additional services as he/she may consider medically advisable, including but not limited to suctioning, culturing the drainage, debridement of the sinus and nasal passages, biopsies, and packing if needed. I also consent to the use of photographs/video images to advance medical education and understand that if any photographs are used, I will not be identified by name. I confirm that all of my questions on this subject have been answered to my satisfaction, and I would like the physician to proceed with Nasal Endoscopy/Flexible Laryngoscopy as indicated. This consent is valid for one year as of today's date. **Endoscopy is a separate procedure, it is not included in the cost of an office visit and is billed to your insurance company separately from your office visit.**

Patient Signature: _____ Date: _____

ATTESTATION: DIAGNOSTIC NASAL ENDOSCOPY - The doctor placed a lighted metal rod into my nose, sinus and nasopharynx area. I verify that the doctor performed a Nasal Endoscopy on me today. This Endoscopy had the following characteristics:

- A. Topical decongestant - YES or NO B. Topical anesthesia - YES or NO

Patient Signature: _____ Date: _____

ATTESTATION: FLEXIBLE NPL - The doctor placed a flexible scope through my nose, to examine my nose and throat. I verify that the doctor performed Diagnostic Flexible NPL on me today, with the following characteristics:

- A. Topical decongestant - YES or NO B. Topical anesthesia - YES or NO

Patient Signature: _____ Date: _____

ATTESTATION: NASAL ENDOSCOPY WITH DEBRIDEMENT - The doctor placed a lighted metal rod in my nose, sinus and nasopharynx area and using a suction and other instruments, removed crusting and debris from the nasal and sinus passages. I verify that the doctor performed the Nasal Endoscopy on me today. This Endoscopy had the following characteristics:

- A. Topical decongestant - YES or NO B. Topical anesthesia - YES or NO

Patient Signature: _____ Date: _____

I have reviewed all information in the health survey and discussed it with the patient/guardian. I performed the procedure(s) circled above.

Attending Physician Signature: _____ Date: _____