Informed Consent
Endoscopy of the Nose and Upper Airway

Please be aware that certain endoscopic procedures performed in our office are not included in the standard office visit. These procedures will be billed separately in addition to the office visit charges and may be subjected to your deductible and co insurance as some insurance companies may list this diagnostic procedure as “surgery” on the explanation of benefits form that you receive.

Patients presenting to our office with sinus, allergy, throat or voice complaints require a thorough examination of that specific area. In some cases, this can only be accomplished through the use of an endoscope. This diagnostic examination is essentially painless and, in many cases can be accomplished quickly. These procedures have almost no risk and provide your physician with an excellent view of the areas involved. Complications may include: Bleeding, reaction to the topical anesthesia, pain and coughing or shortness of breath. These are all very rare.

Please sign below to acknowledge that you have read the above and agree to undergo the procedure as deemed necessary by your physician upon your visit.

- Nasal Endoscopy 31231
- Flexible Laryngoscopy 31575
- Nasopharyngoscopy 92511
- Nasal/Sinus debridement 31237

Authorization to Perform Procedure:

___________________________________________  ___________________
Patient Name                                      Date

___________________________________________  __________________   __________________________________
Patient/Guardian Signature                       Witness