



Consent for Endoscopy Procedure (Videostroboscopy)

- 1) I, _____ authorize Dr. Andre Reed and assistants to perform a rigid and/or flexible endoscopy for analysis of throat, voice and/or swallowing abnormalities. I understand that this is a diagnostic procedure which will assist Dr. Reed in formulating specific therapeutic modalities.
- 2) Alternatives to the procedure include not performing the procedure and in such cases, Dr. Reed may not be able to treat your specific problem.
- 3) **Risks:** This authorization is given with the understanding that any procedure involves some risks and hazards. The risks of this procedure may include discomfort.
- 4) **Anesthesia:** Topical anesthesia is seldom necessary for rigid endoscopy but is commonly used for flexible endoscopy. There is a rare risk of reaction to the medication resulting in breathing difficulty requiring emergency intervention. Although thousands of these procedures have been performed by Dr. Reed's office **without any of the above mentioned anesthesia risk**, you should know that this is a rare risk of the procedure. Afrin™ nasal decongestant spray and 4% lidocaine or HurriCaine™ spray may be used.
- 5) I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not result in a cure of the condition.
- 6) I have read and fully understand this consent form, and understand I should not sign this form if items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.
- 7) If you have any questions as to the risks or hazards of the proposed procedure, ask before signing this consent form.
- 8) **DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.**

Patient/Responsible Party: _____ Date: _____

Therapist's Signature: _____ Date: _____