



# Otolaryngology

LANCE R. MEYERSON, M.D., F.A.C.S.

## PROCEDURE CONSENT FORM

During your visit it may be necessary for Dr. Meyerson or one of his APRN's to perform an in office procedure to be able to correctly diagnose problems of the ear, nose, and throat. The procedures and risks are listed below. By signing this form you are stating that you give your consent and have read and understand the possible risks of these office procedures.

### **Flexible Fiberoptic Endoscopy**

**Ear Cleaning**

**Fine Needle Aspiration**

**Nasal Cauterization**

**Risks are as follows: Possible allergic reaction to topical anesthetic/decongestant or injected anesthetic, bleeding, pain/discomfort, dizziness/lightheadedness, injury to the ear canal or tympanic membrane, infection.**

Given the nature of nuances in insurance policies, there are many cases where insurance companies consider these procedures as an in office surgery, and the charge is applied to the deductible. By signing this form, you are stating that you understand and are committing to satisfying the financial responsibility established by you and your insurance company through your policy coverage.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_