

This consent is for a procedure commonly performed on many patients with nasal, sinus, or throat problems. We ask all patients to sign this consent in order to minimize your wait time if this procedure is necessary.

Signing this consent DOES NOT mean that you must or that you will have this procedure. Endoscopy is only performed as Dr. Goldberg deems necessary, on a case by case basis.

If you choose not to have this procedure performed, CONSENT MAY BE REVOKED AT ANY TIME.

Consent for Endoscopy

If the patient is experiencing problems with sinuses, nose, or throat, Dr. Goldberg, his physician assistant or nurse practitioner, may need to perform an examination in the office using a fiberoptic endoscope. Even though this is a minor procedure performed in the office, many insurance plans do NOT consider this to be a routine component of the office visit. Deductible and co-insurance may apply to this procedure.

The lighted scope will allow Dr. Goldberg or his assistants to see if there is any abnormality within the nose, sinuses or throat that might be contributing to the patient's problem. Endoscopic examination allows Dr. Goldberg or his assistants to see areas not normally visible without use of the endoscope. Refusal to undergo endoscopic examination limits the doctor's ability to diagnose minor, serious, or life-threatening problems, and to initiate appropriate treatment.

The procedure is generally well tolerated with minimal discomfort. The nose is sprayed with a mixture of Afrin, a topical decongestant, to shrink the nasal membranes; and Lidocaine, a numbing medicine. The spray mixture has a bitter taste. Cetacaine may be sprayed in the mouth for additional numbing. The throat will feel numb for about 30-45 minutes. Possible side effects of the procedure are sneezing, coughing, and minor nasal bleeding. The procedure takes only a few minutes. The patient may feel the endoscope, but it is not painful. Please let Dr. Goldberg know if any discomfort is experienced.

PLEASE NOTIFY DR. GOLDBERG OR HIS STAFF IF THERE IS AN ALLERGY TO AFRIN, LIDOCAINE OR CETACAINE BEFORE THE NOSE OR MOUTH IS SPRAYED.

I understand this procedure and its benefits and risks. My questions have been answered and I consent to this procedure.

Signing this consent will allow Dr. Goldberg or his assistants to perform an endoscopy procedure today and in the future. Consent may be revoked at any time.

Signature of patient/guardian date

Witness

