



PROCEDURE CONSENT

Welcome to MISSISSIPPI EAR, NOSE AND THROAT SURGICAL ASSOCIATES, P.C. We are happy you have entrusted us with your care. As you know, we are a specialty clinic dealing with diseases of the ears, nose and throat area.

In order for our doctors to perform a thorough ENT exam, they may perform an Audiogram (hearing test), Tympanogram (to check fluid in the ears), or a Nasal Endoscopy (a procedure where an instrument referred to as a scope is used to allow them to visualize your sinus cavities or throat), depending on your symptoms or complaint.

Each individual doctor will decide based on your symptoms if the use of the scope is necessary. This procedure is not very time consuming because our doctors are trained to look for any abnormalities in the nose and throat area, so you may not realize the significance of performing these procedures.

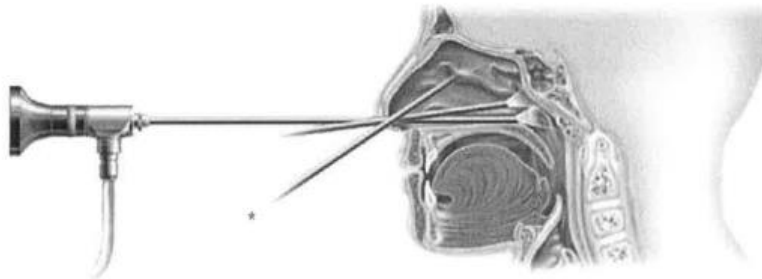
These same instruments are used in surgery and require the skills that our doctors possess. By using these scopes in their exams, our doctors have been able to diagnose diseases in their early stages.

By reading and signing this form, you are giving permission for our doctors to perform the diagnostic procedures necessary to treat your condition appropriately.

Patient/Guardian signature: _____ Date: _____

Clinical/Staff witness: _____

Patient Account number: _____



Courtesy of P. Delaere,
Leuven