

TEXAS EAR, NOSE & THROAT CONSULTANTS, PLLC

CONSENT FOR TREATMENT

*All procedures will be explained to you.
Specialized procedures may require an additional consent form.*

“I hereby consent to a general and specialized examination of my head, neck and organ systems relating to my condition. I understand that the examination and treatment *may* include any of the following:

- General medical history
- Inspection of my head, ears, eyes, nose, mouth, throat and neck
- Examination with mirrors or lighted scopes (endoscopy)
- Examination of the chest, abdomen and nervous system, when appropriate
- Examination and cleaning of my ears under a microscope
- The use of topical or local anesthesia
- The application or injection of antibiotics or other therapeutic drugs
- The collection of secretions, sputum or drainage
- Venipuncture for blood collection
- X-rays, hearing and balance studies, or audiologic testing when indicated
- Photographic or video documentation of my findings

“I understand that my medical information, including photographs or videotapes, will be handled confidentially, and that my identity will remain anonymous in any presentation of case materials.

“I have the right to ask questions regarding the purposes and risks of the examination, diagnostic studies and treatments.

“I understand that this consent remains in effect for all subsequent clinic visits to Texas Ear, Nose & Throat Consultants, PLLC (TENT-C), and applies to all physicians in the group as well as medical staff assisting the physicians.

“I am over 18 years of age, and therefore have the legal right to consent to this treatment.”

Patient Signature _____ Date _____



If patient is a Minor (under age 18, unmarried, not financially independent, not in the armed forces on active duty), parent or legal guardian MUST SIGN BEFORE patient is examined.

Patient’s name _____ Patient’s age _____

Signature of parent or legal guardian _____ Date _____