



# asthma : allergy center

www.myallergycenter.com

## NASAL RHINOSCOPY CONSENT FORM

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

**Nasal Rhinoscopy: How do we look into your nose / sinuses? When you come to the Allergy and Asthma Center (AAC) with a nose or sinus related problem, the doctor(s) may want to perform a nasal rhinoscopy. This is a surgical procedure using sterile small cameras to look through the nostrils. This may allow your doctor to:**

1. obtain drainage for culture
2. evaluate previous surgery, scar, openings, masses, polyps, causes of blockage
3. remove old blood, foreign material, packing, scabs/scar/blockage
4. educate you and others

Two words you need to remember during this procedure:

"Ouch": allows us to know where it is tender

"Sneeze": allows us to get outta there fast

A few patients experience significant discomfort/pressure during the procedure. We will stop if this occurs.

YOUR CONSENT:

**The procedure and description of this procedure, the more common risks associated with it and the potential complications have been described to me. This includes: a small amount of pain/pressure, a mild amount of bleeding, and a reaction to the nasal spray. I have had an opportunity to ask questions. I am satisfied with my understanding and the responses that I have received. I hereby authorize the AAC personnel to perform a sinus / nasal rhinoscopy. I hereby authorize the doctor or his/her associates, to provide such additional services as he or they may consider medically advisable.**

**This consent is valid for one year as of today's date. Thank you!**

\_\_\_\_\_  
Patient's Signature / Legal Guardian

\_\_\_\_\_  
Date

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