



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

W.W. Schroeder, M.D., F.A.C.S., F.A.A.P. Ashley Sikand, M.D., F.A.C.S. Frederick Goll, III, M.D.
Jonathan Salinas, M.D. LaKeisha Henry, M.D., F.A.C.S Allen Young M.D. Megan Jensen M.D.
Nicole Molin M.D. Daniel Kim, D.O. Kathrina Paner PA-C Alisha Alexander APRN
Theresa Walker APRN-C Anna-Joy Lingwood NP Shiyuan "Annie" Zhu SLP C.Gary Daniels Au.D

PHONE: (702) 792-6700 FAX: (702) 792-7198 www.entc.com

STROBOSCOPY

Your doctor has recommended a thorough examination of your throat-voice box. You will be given a nasal spray to anesthetize (numb) the lining of the nose and/or throat to minimize any discomfort.

Rigid Laryngoscopy: An examination of the voice box in which a rigid telescope is used; this examination provides the clearest magnified detail of the voice box, but the patient is unable to speak or sing during this exam.

Flexible Laryngoscopy: An examination of the voice box in which a flexible fiberoptic scope is used; this examination allows the physician to view the voice box in action (i.e., while the patient is producing sound).

Stroboscopy: An examination in which a strobe light is combined with rigid or flexible laryngoscopy, allowing an examination of vocal fold vibration and vocal fold closure.

Complications are very uncommon from this procedure. Occasionally, blood-tinged nasal secretions occur after the procedure. There is a small risk of tooth damage. Other possible, but rare, complications include infection and a reaction to the topical anesthetic used to numb the nose and/or throat.

The examination allows precise visualization of the voice box and throat structures. This will aid in the diagnosis and treatment of your problem.

This procedure is in addition to the general examination of the nose and throat. There will be a separate charge from the office visit charge to the insurance company on your claim (this charge is frequently listed as a surgery). You will be responsible for any copays/deductible/coinsurance and any services not covered by your insurance company. If you have any questions, please ask the doctor or assistant.

I AGREE that I had read or been read the above consent and agree to the risks, benefits, alternatives, and possible complications and I agree and wish to proceed.

Patient/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____

Patient Account #: _____

Northwest Office

7040 Smoke Ranch Road

Las Vegas, NV 89128

Green Valley Office

3195 St Rose Parkway
Suite 210

Henderson, NV 89052
(Mailing address)

Southwest Office

8840 W Sunset Road
Suite A

Las Vegas, NV 89148