

CONSENT FOR TREATMENT

Patient Name: _____ Date of Birth: _____

*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 use of ear impression materials for ear related products, equipment or services
- 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 have the right to ask questions regarding the purposes and risks of the examination, diagnostic studies and treatments.

I understand that this consent is effective starting today and remains in effect for all subsequent clinic visits to Children’s ENT of Houston/Mednax and applies to all physicians in the group as well as medical staff assisting the physicians.

If the patient is a Minor (not on active military duty; not 16 years of age or older and residing outside of parent’s home; not managing own financial affairs; not unmarried parent (with custody) of child; and not confined to a Texas Criminal Justice facility) parent or legal guardian MUST SIGN BEFORE patient is examined.

Name of consenting adult: _____

Relationship to patient: _____ Date: _____

Signature of consenting adult: _____ Date: _____

When parent is a minor and is 16 years of age or older, is unmarried (with custody) of child, resides outside of parents’ home, and manages his/her own financial affairs; or is on active military duty, confined to a Texas Criminal Justice facility or otherwise legally emancipated, minor parent MUST SIGN BEFORE patient is examined.

Name of consenting parent: _____

Signature of consenting parent: _____ Date: _____