

DARYL R. RHEUARK, M.D., M.S., F.A.C.S.  
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## NASAL AND FLEXIBLE ENDOSCOPY CONSENT

**Patient:** %Patient Name%  
**DOB:** %DOB%

**Date:** %Date%  
**Account:** %Account%

Daryl R. Rheuark, MD feels that the patient listed below is presenting to our office with sinus, allergy, throat or voice complaints requiring a thorough examination of that specific area. In some cases, this can only be accomplished through the use of an endoscope. This examination is essentially painless and quick. A procedural fee will be submitted to your insurance carrier for this procedure. In most cases we accept your insurance company's allowance for this procedure. You are obligated to pay only the deductible and/or co-payments applying to this claim. Some insurance companies may list this diagnostic procedure as "surgery" on the insurance remittance advice you receive.

### AUTHORIZATION TO PERFORM PROCEDURE:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Witness

### PROCEDURE COMPLETED:

\_\_\_\_\_  
Patient/Guardian

%FooterBarcode%