

UROLOGY SPECIALISTS OF NEVADA

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CYSTOSCOPY PROCEDURE CONSENT

Dr. Robert B. McBeath, Dr. Mark E. Leo, Dr. H. Tamiko Housley, Dr. Jason Zommick, Dr. Michael Finkelstein, Dr. Mulugeta Kassahun, and/or Dr. Andrew Hwang have recommended a cystoscopy evaluation of your bladder. A lighted instrument will be inserted into the urethra to visually examine the lower urinary tract under local anesthesia.

I understand that this is a diagnostic procedure and I voluntarily consent to this procedure.

I understand that Dr. McBeath, Dr. Leo, Dr. Housley, Dr. Zommick, Dr. Finkelstein, Dr. Kassahun and/or Dr. Hwang may discover other or different conditions which require additional or different procedures than those planned. I authorize him to perform such other procedures which are advisable in his professional judgement.

Complications of this cystoscopy could include blood in the urine, infection, frequency of urination, fever and/or chills. **Should any of these occur, please notify the office immediately.**

By signing this form you are consenting to the performance of the cystoscopy. You also consent to treatment for any of the complications which may occur.

Additional treatment today includes_____.

I understand, acknowledge, and agree to the foregoing and state that I have had an opportunity to ask any questions that I may have concerning the procedure being performed and all such questions have been answered to my satisfaction.

PRINT PATIENT'S NAME:_____

PATIENT SIGNATURE:_____ DATE_____

PARENT OR LEGAL GUARDIAN_____

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