



Informed Consent for Videostroboscopy Procedure

I am giving consent for David Ross, M.Sc. CCC-SLP, Endoscopist and Speech-Language Pathologist, to perform the flexible Videostroboscopic Evaluation of Voice (VEV). The VEV procedure is a state of the art evaluation utilizing a portable fiberoptic endoscopic camera with a special stroboscopic light source. A scope is passed along the floor of the nose so that the larynx and surrounding structures may be viewed.

The scope does not pass through the vocal fold area. The patient will perform a variety of vocalizations while the camera records the movement of the vocal folds and surrounding structures. This procedure is utilized to determine problems and possible solutions for voice issues and airway protection issues during speaking and/or swallowing.

As with any procedure, patients or residents must be informed of possible adverse reactions. Adverse reactions in the scientific literature are rare but include: nosebleed, fainting, discomfort, gagging, mucosal tear or laceration, and a tightening of the vocal folds (laryngospasm).

PATIENT or RESIDENT RESPONSIBLE PARTY

Resident or Health Care Proxy Signature

Please Print Name Date

Witness Signature

Please Print Name Date

Was this consent obtained orally via telephone? _____
Witness to Oral Consent:

Witness Signature

Please Print Name Date

Witness Signature

Please Print Name Date