



VIDEOSTROBOSCOPY CONSENT

I understand that if being evaluated for throat, voice, and/or swallowing concerns, I will have a videostroboscopy performed by Heather Langford, MA CCC-SLP, Speech Pathologist, as recommended by Dr. Kleiman. This is a diagnostic examination procedure which will help Dr. Kleiman with his treatment plan.

Topical anesthesia of *4% Lidocaine Spray or Tetracaine and Afrin nasal decongestant* **may** be used to make you more comfortable for your examination.

The risks associated with the examination may include discomfort.

I have read and fully understand that this consent will be updated annually to apply to any and all videostrobe appointments that year.

Patient Signature (Parent, Guardian or Legal Guarantor if applicable)

Date