

Procedure Risks

Patient Name _____

Ear and Respiratory System Treatments and Procedures

LIST A

Procedures requiring full disclosure. The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to consult for the patient.

<input type="checkbox"/>	Stapedectomy				
	<ol style="list-style-type: none"> 1. Diminished or bad taste. 2. Total or partial loss of hearing in the operated ear. 3. Brief or long-standing dizziness. 4. Eardrum hole requiring more surgery. 5. Ringing in the ear. 	INITIALS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
		PATIENT	WITNESS		
<input type="checkbox"/>	Reconstruction of auricle of ear for congenital deformity or trauma.				
	<ol style="list-style-type: none"> 1. Less satisfactory appearance compared to possible alternative artificial ear. 2. Exposure of implanted material. 	INITIALS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
		PATIENT	WITNESS		
<input type="checkbox"/>	Tympanoplasty with mastoidectomy.				
	<ol style="list-style-type: none"> 1. Facial nerve paralysis. 2. Altered or loss of taste. 3. Recurrence of original disease process. 4. Total loss of hearing in operated ear. 5. Dizziness. 6. Ringing in the ear. 	INITIALS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
		PATIENT	WITNESS		
<input type="checkbox"/>	Excision of lesion of larynx, vocal cords, trachea. (No risks or hazards assigned at this time).				
		INITIALS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
		PATIENT	WITNESS		
<input type="checkbox"/>	Rhinoplasty or nasal reconstruction with or without septoplasty.				
	<ol style="list-style-type: none"> 1. Deformity of skin, bone or cartilage. 2. Creation of new problems, such as septal perforation or breathing difficulty. 	INITIALS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
		PATIENT	WITNESS		
<input type="checkbox"/>	Submucous resection of nasal septum or nasal septoplasty.				
	<ol style="list-style-type: none"> 1. Persistence, recurrence or worsening of the obstruction. 2. Perforation of nasal septum with dryness and crusting. 3. External deformity of the nose. 	INITIALS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
		PATIENT	WITNESS		

List B Procedures

Procedure _____
INDICATE PROCEDURE ON LINE(S)

No risk assigned by the Texas Medical Disclosure Panel

INITIALS

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PATIENT WITNESS

WITNESS SIGNATURE IDENTIFICATION

INITIAL	SIGNATURE