PREMIER
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DIPLOMATES
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CONSENT FOR CYSTOSCOPY

I hereby request and authorize Dr. Malcolm Schwartz, Dr. Bernard J. Lehrhoff, Dr. Kenneth S. Ring, Dr. Mark I. Miller and Dr. Joshua M. Fiske, Dr. Andrew Bernstein, Dr. Robert Stackpole and whomever they may designate to assist them to perform a Cystoscopy.

I understand that the procedure involves the doctor passing a fiberoptic telescope into my urethra to visualize my urinary bladder. I have been given antibiotics and advised to take all medication as directed until finished. I am aware of the benefits and risks which include, but are not limited to, bleeding, infection, burning with urination, and difficulty urinating.

_____ _____

Signature of Patient Date

_____ _____

Signature of Witness Date