



**GASTROINTESTINAL AND LIVER SPECIALISTS OF TIDEWATER, PLLC**

**CONSENT FORM FOR AGILE PATENCY PILL**

Patient's Name: _____ DOS: _____ Acct#: _____ D.O.B: _____ Performing Dr: _____
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**I CONSENT TO HAVING THE AGILE PATENCY PILL**

Agile Patency Capsule is the same size as the PillCam capsule and is used to determine if the PillCam capsule can be expected to pass freely through the digestive tract. The Agile Patency Capsule does not transmit images of the digestive tract.

This capsule is the same size as the PillCam capsule, but can partially dissolve to pass through a narrowed area. This test is used to determine if there is a risk of the PillCam capsule becoming lodged in the digestive tract. All of the possible complications described for the PillCam capsule are possible also with the Patency Capsule. As with the PillCam capsule, acute obstructive symptoms such as abdominal pain and vomiting may occur. Emergency surgery to correct the problem may be necessary, though this is less likely with the patency capsule since it is able to partially dissolve.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam. If the agile pill has not passed I am aware that I need to have an X-ray performed within 29 hours of ingesting the pill.

Dr. \_\_\_\_\_ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date