



Gastrointestinal and Liver Specialists of Tidewater, PLLC Consent for Small Bowel Endoscopy

Patient's Name: _____	
Procedure Date: _____	Acct#: _____
D.O.B: _____	Performing Dr: _____

Consent Form for Small Bowel Capsule Endoscopy

I CONSENT TO HAVING A CAPSULE ENDOSCOPY.

Capsule endoscopy is a new endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

I understand that should I fail to successfully ingest the capsule, I will be financially responsible for the cost of the capsule (\$450.00) as we will not be able to bill your insurance. In the event of any damaged or lost Pillcam equipment I understand I will be charged for replacing the equipment.

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.

I authorize Dr. _____ to perform capsule endoscopy.

Patient's Name (please print) Patient's Signature Date

Witness Name (please print) Witness Signature Date