



GASTROINTESTINAL AND LIVER SPECIALISTS OF TIDEWATER, PLLC

Consent Form for SmartPill Capsule

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

The SmartPill Capsule Motility procedure is a new motility exam of the gastrointestinal tract. SmartPill measures pH, pressure and temperature from within the entire GI tract and is not a replacement for endoscopy.

I understand that there are risks associated with any capsule motility procedure. One such risk associated with the capsule motility procedure includes the risk related to non-passage of the Capsule through the GI tract. This can occur when a patient has an obstruction. Such 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 data obtained from my capsule motility procedure may be used, under complete confidentiality, for educational purposes in future medical studies.

I understand that should I be unable to swallow the capsule I will be responsible for the entire cost of the capsule which is \$600.00. If unable this is not billable to your insurance company and will be your responsibility. In the event of any lost or damaged equipment I understand I will be responsible for the cost of 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 the SmartPill capsule motility procedure.

Patient Name (Please Print)

Patient Signature

Date

Witness Name (Please Print)

Witness Signature

Date