Medical Center Clinic

The Doctors' Group

Consent Form

I CONSENT TO HAVING 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 there are contraindications for the use of this capsule in patients with pacemakers or defibrillators, as they were not tested prior to FDA approval. The use of this capsule with these cardiac implants may produce problems with images of test.

I am aware that I should avoid MRI machines and Microwaves 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.

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

In presence of: Spouse _____ Companion _____

Parent _____ Patient Alone _____

_____ _____

Witness's Name (please print) Witness's Signature