Mountain West Gastroenterology

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Capsule Endoscopy Test

I CONSENT TO HAVING A CAPSULE ENDOSCOPY.

Capsule endoscopy is an 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 and after the procedure until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may not image the entire small intestine. It is also possible that due to interference and other technical problems, some images may be lost, either of these circumstances 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 the procedure and its risks to me and I have been allowed to ask questions concerning the planned examination. I agree to proceed with the procedure.

I understand that I am responsible for returning the monitoring unit undamaged and in working condition. If the unit is lost or damaged, I will be responsible for the replacement cost. I am also aware that this cost may not be covered by my third party payor or insurance company.

I authorized Dr. _____ to perform capsule endoscopy.

_____ _____ _____

Patient Signature | Witness Signature | Date

_____ _____

Patient printed name | Witness printed name

_____

Patient's Date of Birth