I ____________________________, consent to having CAPSULE ENDOSCOPY

Explanation of procedure: 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, including but not limited to PILL RETENTION and BOWEL OBSTRUCTION. An obstruction may require an endoscopy procedure or immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until I confirm 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/Guardian: ___________________________
(Please print)

Patient/Guardian signature: ___________________________

Witness: ___________________________

Date: ___________________________