



RGA

Rochester Gastroenterology Associates

Consent Form

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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 an 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 the 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 the future medical studies.

I understand 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 _____ / _____
to perform the capsule endoscopy.

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_____ Patient's Name / Patient Representative (PLEASE PRINT)	_____ Patient's Signature / Patient Representative Signature	_____ Date
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In presence of: Spouse _____ Companion _____
Parent _____ Patient Alone _____
Other _____