

Consent Form

I CONSENT TO HAVING A 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 risk associated with any endoscopic examination, including: Bowel Obstruction (such an obstruction may require immediate surgery), Spontaneous Perforation, the possibility of capsule retrieval via endoscopy or potentially requiring surgical removal, missed lesions of misinterpretation of lesions.

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 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. Kaunteya Reddy and/or his assistant has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment. I have been allowed to ask questions concerning the planned examination, and my questions have been answered to my satisfaction.

I hereby authorize **GASTRO HEALTH INC** to perform capsule endoscopy.

Patient Name (please print)

Patient Signature

Date

In presence of:
Spouse _____
Parent _____

Companion _____
Patient Alone _____

Gastro Health Inc.

I have been informed that this PillCam Capsule Endoscopy Device is worth **\$5000.00**. By signing this form, I agree and understand that any damage cause to the device requiring repair or failure to return the device to our office will be my responsibility to pay.

AGREEMENT ENTERED UPON BY

Name of Patient (Please print)

Patient's Signature

Date

Name of Witness (Please print)

Witness' Signature

Date