Southeast Texas Gastroenterology Associates, P.A.

CONSENT FORM FOR CAPSULE ENDOSCOPY

I CONSENT TO HAVING 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 an 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 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 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 (print) Patient's Signature Date

In the presence of Spouse _____ Companion _____
Parent _____ Patient Alone _____