

ANNE THAI MD
GASTROENTEROLOGY

Patient Name: _____ **DOB:** _____

Consent Form PillCam Endoscopy:

I CONSENT TO HAVING PILLCAM ENDOSCOPY.

PillCam endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the stomach or colon. It does not replace endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examinations, such as pain, infection, bleeding, capsule retention causing bowel obstruction, perforation, which may require immediate surgery, incomplete examination due to malfunction of the device, missed lesions, misdiagnosis.

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 esophageal or intestinal motility, the capsule may only image part of the esophagus or 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.

The procedure and its risks have been explained to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

Patient's Signature _____ **Date** _____

Witness' Signature _____ **Date** _____

Signature of legal Guardian _____ **Relationship** _____

Please initial below:

_____ **I understand and authorize that all images and data obtained from PillCam Endoscopy may be used, confidentially, for educational purposes in future medical studies and quality improvement activities.**