GASTROINTESTINAL & LIVER
CONSULTANTS

Consent Form for Capsule Endoscopy

I now give my consent and authorize Dr. Quraishi / Dr. Sadiq and their assisting staff to perform the Capsule Endoscopy procedure.

RISKS AND PROBABILITY OF SUCCESS OF THE PROCEDURE (including such items as failure to obtain the desired result, discomfort, or injury) is a failure of the capsule to pass through the bowel requiring possible surgical removal due to obstruction. 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 also understand that not all lesions may be seen during this procedure and that I must report continued or unusual symptoms to my physician.

I acknowledge that:

1. The physician explained the nature and purpose of the Capsule Endoscopy, the risks involved, alternatives, and the possibility of complications. All my questions, if any, have been answered to my satisfaction. I know that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantee has been made as to the results of the Capsule Endoscopy.
2. If other unsuspected conditions are discovered during the Capsule Endoscopy, I authorize them to perform such treatment as they deem necessary.
3. I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.

By signing this form, I acknowledge that the risks and benefits and alternatives to the Capsule Endoscopy have been explained to me, that I have read or had this form read and explained to me in general terms, that I fully understand its contents, that I have been given ample opportunity to ask questions and that any questions have been answered satisfactorily.

I, at this moment, voluntarily request and consent for Dr. Essam Quraishi / Dr. Javed Sadiq and any such assistants or other medical personnel involved in performing such procedure(s) described or referred herein.

_____ **There will be a $500 charge if the equipment is damaged.**
Patient's Initial

_____ _____
Patient's Signature Date

_____ _____
Witness's Signature Date

_____ _____
Physician's Signature Date

Dr. Essam Quraishi / Dr. Javed Sadiq
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