

Denver West Endoscopy Center

Patient Consent Form

Attention Patients: On the day of your procedure, the doctor will speak with you before you receive sedation and review a patient consent form. **Please see below for an example of the consent.**

Gastroenterology of the Rockies/Denver West Endoscopy Center/Endoscopy Center of the Rockies/Northglenn Endoscopy Center

Patient Name _____ Patient # _____

Attending Physician _____ Date _____

My physician has referred me for the following procedure: **colonoscopy with possible biopsy, and possible ablation of vessels, and removal of polyps; esophagogastroduodenoscopy with possible biopsy, banding, dilatation, injection therapy, and/or electrohemostasis.**

I have been given information regarding the nature and purpose of the procedure as well as alternative treatments to the procedure. I am aware that there are possible complications including, but not limited to bleeding, perforation (which could require surgery), infection, or missed polyps.

I have been informed by my physician of the following type(s) of anesthesia that may be used:

No Sedation **IV Conscious Sedation** **Local Anesthesia with Sedation**

Significant risks and complications of the anesthesia to be administered have been explained and include but are not limited to: drug reaction, nausea, vomiting, cardiac or respiratory complications, including cardiopulmonary arrest.

I understand that advance directives are not honored at this facility and in the event of an emergency or life-threatening situation, life support measures will be instituted in every instance and I will be transported to a higher level of care.

