Gastroenterology of the Rockies

303.604.5000
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Consent form for Capsule Endoscopy

I consent to having a Capsule Endoscopy.

Capsule Endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach or colon.

I understand that there are risks associated with the 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 is excreted.

I understand that due to variations in intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interferences, some images may be lost and this may result in the need to repeat the Capsule Endoscopy.

I understand that the images and data obtained from my Capsule Endoscopy may be used under complete confidentiality for educational purposes in the future and medical studies.

_____has explained to me the procedure and its risks to me, along with alternative diagnosis and treatment. I have been allowed to ask questions and have received answers to my questions concerning the planned examination.

I authorize_____to perform the Capsule Endoscopy.

_____ _____ Date: _____

Patient's Name (please Print) Patient's Signature

In the presence of: _____ _____

Witness Relationship

For administrative purposes only:

*Sensor Belt*_____ *Data Recorder*_____