

# Patient Consent

**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.**

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## *Endoscopy Center of the Rockies*

Patient Name: «PatientFullName»

Patient Number: «PatientNumber»

Attending Physician: «ApptProviderName»

Date: «ApptDate»

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 «ApptProviderName» 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.