



# CAPSULE ENDOSCOPY CONSENT FORM

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**Patient Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

I understand that there are risks associated with this endoscopic examination, including BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

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 patients intestinal motility, the capsule may only image part of the small intestine. Abnormalities of the bowel lining may be missed on this exam. 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 understand that images and data obtained from capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

I have had the procedure and its risks explained to me and I am aware of alternative tests and I have been allowed to ask questions concerning the planned examination.

I authorize the performance of the capsule endoscopy.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

In presence of: \_\_\_\_\_ Spouse  
                                  \_\_\_\_\_ Companion

\_\_\_\_\_ Parent  
\_\_\_\_\_ Patient Alone