



SAN JOSE GASTROENTEROLOGY

2340 Montpelier Drive. Suite A, San Jose, CA 95116

231 O' Connor Drive, San Jose, CA 95128

Phone: (408) 347-9001 Fax: (408) 347-9004

www.sjgi.com

Eduardo da Silveira, M.D.

Ruel T. Garcia, M.D.

Brian S. Levitt, M.D.

Huy A. Nguyen, M.D.

Khanh K. Nguyen, M.D.

Huy N. Trinh, M.D.

Patient's Name: _____

Date of Birth: _____

Age: _____

Gender: _____

SMALL BOWEL CAPSULE ENDOSCOPY - CONSENT FORM

I, _____, understand the following:

Capsule Endoscopy is a new endoscopic exam of the small intestine. It is intended to study the esophagus, stomach, and colon. It is not intended to replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any 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 passes following the exam.

I understand that due to variations in a patient's intestinal mobility, 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 procedure.

I understand that images and data captured from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

«printed names» has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I authorize «printed names» to perform the capsule endoscopy.

Signature

Date

In presence of: Spouse _____
Parent _____

Companion: _____
Patient alone: _____

Staff _____

Notes or comments: _____