



SAN JOSE GASTROENTEROLOGY
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Patient's Name: _____
Age: _____

Date of Birth: _____
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: _____