

HAMPSHIRE GASTROENTEROLOGY ASSOCIATES, LLC
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PRACTICE LIMITED TO GASTROENTEROLOGY AND LIVER DISEASE

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I CONSENT TO HAVING CAPSULE ENDOSCOPY

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 any endoscopic examination. There is a small risk of the capsule becoming lodged in the intestine. This may require surgery for correction.

I am aware that I must 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 motility, the capsule may only image part of the small intestine. 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.

Dr. _____ 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 Dr. _____ to perform capsule endoscopy.

Patient's Name (please print)

Patient's Signature

Date

In presence of:

Spouse _____
Parent _____

Companion _____
Patient Alone _____