

# The Oregon Clinic

## Gastroenterology - East

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### Consent Form – Capsule Endoscopy

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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.

I understand that there are risks associated with an 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 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.

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

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

I authorize The Oregon Clinic, Gastroenterology – East staff to perform capsule endoscopy.

\_\_\_\_\_  
Patient's Name (print please)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

CH # \_\_\_\_\_ DOB \_\_\_\_\_ Ordering \_\_\_\_\_ Ref \_\_\_\_\_