



Patient Consent Form for PillCam Small Bowel Capsule Endoscopy, with the Sensor Belt

I CONSENT TO HAVING A 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 an upper endoscopy or colonoscopy.

I understand 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 motility, the capsule may only image part of the small intestine. Important abnormalities of the intestine can be missed by the exam. It is also possible that due to the 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 the future medical studies.

Portland Gastroenterology staff 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 **Portland Gastroenterology** to perform the capsule endoscopy.

_____/_____/_____
Patient Name Patient Signature Date

DOB: _____ MRN: _____

In the presence of: Alone _____ Parent _____ Spouse _____ Significant other _____

Other _____

_____/_____/_____
Witness Name Witness Signature Date