

**CONSENT FOR CAPSULE ENDOSCOPY  
DIGESTIVE MEDICAL SERVICES INC.**

Patient Name: \_\_\_\_\_

Gastroenterologist: \_\_\_\_\_ Laurence Entsuah, M.D.

**I CONSENT TO HAVE 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 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 has been excreted following the exam.**

**I understand that due to variations in a patient's intestinal motility, the capsule (M2A) 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 Endoscopy 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.**

**Dr. Laurence Entsuah 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 understand that I will have a copy of my Drivers License and/or credit card imprint taken for security purposes and that I am responsible for the equipment while in my possession and that it will be returned on said date and time given by physicians office.**

**I hereby authorize Dr. Laurence Entsuah to perform the Capsule Endoscopy.**

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

\_\_\_\_\_  
Patient's signature

DATE \_\_\_\_\_

Witness \_\_\_\_\_

**AFTER COMPLETING CAPSULE ENDOSCOPY:**

**You will return to the office, 8 hours after you have ingested the M2A and at that time your belt and "DataRecorder" will be removed by the office staff. The "DataRecorder" will store all images from the examination.**

**You should excrete the M2A Capsule within 48 hours. If you did not positively verify the excretion of the Capsule from your body, and you develop unexplained post procedure nausea, abdominal pain or vomiting, contact your physician at 614-834-9929 for evaluation and possible abdominal x-ray examination.**

**Undergoing an MRI while the capsule is inside your body may result in serious damage to your intestinal tract or abdominal cavity. Refrain from undergoing an MRI examination.**

**Any questions may be directed to your physician at 614-834-9929.....**

**Special Instructions:**