

Dr Sina Malki-Gastroenterologist M.B.B.S (Melb) F.R.C.P

Digestive Health Gastroscopy, Colonoscopy, Capsule Endoscopy, Hydrogen/Methane Breath Testing

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CONSENT FORM

I CONSENT TO HAVING CAPSULE ENDOSCOPY

Capsule endoscopy is a new endoscopic exam of the small intestine. It is not intended to examine the oesophagus, stomach or colon. It does not 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 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 further educational purposes in future medical studies.

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

I authorise Dr. S. MALKI to perform capsule endoscopy.

Patient's Name (please print)

Patient's signature

Date

In presence of :

Spouse _____

Companion _____

Parent _____

Patient Alone _____

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