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Consent Form

Capsule endoscopy is an wireless endoscopic exam of the small intestine. It is not intended to examine the esophagus, the stomach, or the colon. It does not replace upper endoscopy or colonoscopy.

I understand that the main risk associated with the examination is that the capsule may lodge itself in the esophagus, the stomach or the intestines, medically referred to as an obstruction. An obstruction may require immediate surgery, but the capsule may ultimately pass on its own without surgery, but after a delay.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes into the commode 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.

Dr. Balaa 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. Balaa to perform capsule endoscopy examination on me.

Patient's Name (please print)

Patient's Signature

Date

In presence of: Spouse
 Parent

_____ Companion _____
_____ Patient Alone _____