

SUMMIT ENDOSCOPY CENTER, LLC
INFORMED CONSENT: COLONOSCOPY / FLEXIBLE SIGMOIDOSCOPY

PATIENT'S NAME: _____ DATE: _____

DO NOT SIGN THIS FORM UNTIL YOU HAVE READ IT AND FULLY UNDERSTAND ITS CONTENTS

NAME OF PROCEDURE: Colonoscopy _____ () Flexible Sigmoidoscopy _____

The following has been explained to me in general terms and I understand that:

1) The diagnosis requiring this procedure is (diagnosis described in layman's terms): _____

2) The nature of the procedure is: to insert a flexible lighted tube into the rectum and large intestine. Take small samples of tissue, remove growths, and/or performance of therapeutic measures.

3) MATERIAL RISKS OF THIS PROCEDURE: As a result of this procedure, being performed there may be material risks of: INFECTION, ALLERGIC REACTION, DISFIGURING SCAR, SEVERE LOSS OF BLOOD, LOSS OR LOSS OF FUNCTION OF ANY LIMB OR ORGAN, PARALYSIS, PARAPLEGIA OR QUADRIPLÉGIA, BRAIN DAMAGE, CARDIAC ARREST OR DEATH, VEIN THROMBUS OR IV INFILTRATION LEADING TO TISSUE DAMAGE.

4) In addition to these material risks, there may be other possible risks, involved in this procedure including but not limited to: perforation and/or bleeding, possibly requiring surgery and infection or a polyp not seen during Colonoscopy or flexible sigmoidoscopy.

5) The likelihood of success of the above procedure is:

Good () Fair () Poor

6) Practical alternatives to this procedure include: _____

() None (X) Observation (X) Other: X-ray

7) If I choose not to have the above procedure, my prognosis (future medical condition) is:

Uncertain () Poor () Other: _____

I understand that the physician, medical personnel and other assistants will rely on statements about the patient, the patient's medical history, and other information in determining whether to perform the procedure or the course of treatment or the patient's condition and in recommending the procedure that has been explained.

I understand that the practice of medicine is not an exact science and that NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME concerning the results of this procedure.

I understand that during the course of the procedure described above it may be necessary or appropriate to perform additional procedures, which are unforeseen, or not known to be needed at the time this consent is given. I consent to and authorize the persons described herein to make the decisions concerning such procedures. I also consent to and authorize the performance of such additional procedures, as are deemed necessary or appropriate.

