Physician Note Informed Consent Documentation

Endoscopic retrograde cholangiopancreatography (ERCP): Look at the bile duct (tube that drains body fluid from the liver and gallbladder to the small bowel and to look at the pancreatic duct (tube that drains body fluid from the pancreas to the small bowel) using a thin, flexible, lighted instrument that is passed through the mouth. The bile duct and pancreatic duct are seen by using a small hollow tube to inject liquid that makes it easy for the doctor to see the tubes on the X-ray screen. A tiny piece of tissue may be removed and sent for study under a microscope. ERCP can be used for diagnosis and treatment of many diseases. Risks of ERCP include, but are not limited to, inhaling fluid or material into the lung, inflammation of the pancreas, infection, bleeding, a hole made, unexpected reaction to medications, and possible need for surgery.

Endoscopic ultrasound (EUS): Look at the structures, organs and lymph nodes in the chest, abdomen or pelvis with a flexible, lighted instrument that is passed through the mouth or the anus, and which uses ultrasound waves. Depending on what your doctor has ordered, the body parts seen may include the esophagus, stomach, pancreas, liver, gallbladder, small and large bowel, rectum, and anal canal. A tiny piece of tissue may be removed and sent for study under a microscope. Risks of EUS include, but are not limited to, inhaling fluid or material into the lung, inflammation of the pancreas, infection, bleeding, a hole made, unexpected reaction to medications, missed abnormal tissue, and possible need for surgery.

Sigmoidoscopy: Look at part of the large bowel (rectum and sigmoid colon) with the use of a flexible, lighted instrument that is passed through the anus. A tiny piece of tissue may be removed and sent for study under a microscope. Sigmoidoscopy can be used for diagnosis and treatment of many diseases. Risks of sigmoidoscopy include, but are not limited to, bleeding, infection, a hole made, missed abnormal tissue, unexpected reaction to medications, and possible need for surgery.

Esophagogastroduodenoscopy (EGD): Look at the esophagus, stomach and the upper part of the small bowel (duodenum) with flexible, lighted instrument that is passed through the mouth. A tiny piece of tissue may be removed and sent for study under a microscope. EGD can be used for diagnosis and treatment of many diseases. Risks of EGD include, but are not limited to, inhaling fluid or material into the lung, inflammation of the pancreas, bleeding, a hole made, infection, unexpected reaction to medications, missed abnormal tissue, and possible need for surgery.

The patient and /or decision maker have read and understand the informed consent for the above endoscopic procedure.

The opportunity to ask questions haven been given and the patient and /or decision are satisfied with answers to the questions. No guarantee given.

Physician's Signature

MD ID# Date Time

GIL-PMR-002 Approved 01/06/10 1 of 2

Part of Medical Record



Physician Note Informed Consent Documentation

□Colonoscopy: Look at the large bowel (colon and rectum), and occasionally the end of the small bowel (terminal ileum), with a flexible, lighted instrument that is passed through the anus. A tiny piece of tissue may be removed and sent for study under a microscope. Colonoscopy can be used for diagnosis and treatment of many diseases. Risks of colonoscopy include, but are not limited to, bleeding, infection, a hole made, unexpected reaction to medications, unexpected reaction to the bowel preparation, missed abnormal tissue, and possible need for surgery.

■ Enteroscopy: Look at the esophagus, stomach and the upper part of the small intestine with a flexible, lighted instrument that is passed through the mouth. Sometimes a long plastic tube ("overtube") may be used to guide the instrument further down into the small bowel. A tiny piece of tissue may be removed and sent for study under a microscope. Enteroscopy can be used for diagnosis and treatment of many diseases. Risks of enteroscopy include, but are not limited to, inhaling fluid or material into the lung, bleeding, infection, a hole made, inflammation of the pancreas, missed abnormal tissue, unexpected reaction to medications, and possible need for surgery.

Esophagogastroduodenoscopy (EGD) and Colonoscopy: Look at the esophagus, stomach, upper duodenum, colon and rectum with flexible, lighted instruments that are passed through the mouth (EGD) and the anus (colonoscopy). A tiny piece of tissue may be removed and sent for study under a microscope. Both procedures may be used for diagnosis and treatment of many diseases including, but not limited to, bleeding from stomach and intestines, and removal of bowel (intestinal) growths. Risks of EGD and colonoscopy include, but are not limited to, inhaling fluid or material into the lung, infection, a hole made, inflammation of the pancreas, missed abnormal tissue, unexpected reaction to medications, unexpected reaction to the bowel preparation for colonoscopy and possible need for surgery.

□ Esophageal motility and/or pH study: Measure the pressure, movements, or acidity of the esophagus by passing a tube through the nose into the esophagus and stomach. For pH studies, a tube may be left in for 1 day with information transmitted to a recorder worn during the study. These studies can be used to diagnose swallowing problems, conditions when stomach acid flows into the throat (reflux), chest pain that is not caused by the heart, or for evaluation before anti-reflux surgery. Risks include, but are not limited to, bleeding, infection, a hole made, and possible need for surgery.

The patient and /or decision maker have read and understand the informed consent for the above endoscopic procedure.

The opportunity to ask questions haven been given and the patient and /or decision are satisfied with answers to the questions. No guarantee given.

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