

Direct Access Consent Form

Colonoscopy scheduled for _____ with
Name of Patient

Dr. _____ **on** _____
Day/Date/Time

Preparation was reviewed with patient. Possible complications of colonoscopy, polypectomy, and biopsy including but not limited to the risk of perforation, bleeding, possible need for emergency surgery and/or blood transfusion if this were to occur were explained to the patient. The risks of conscious sedation were also reviewed including but not limited to phlebitis at the IV site and over sedation. The importance of the preparation was stressed especially in terms of the risk of missed cancer including flat or subtle polyps. The patient states he/she understands and wishes to proceed with the colonoscopy. Medical history was obtained and reviewed with the patient. The preparation for procedure, patient instruction sheet and ASGE pamphlet were sent to the patient.

Date _____

Signature of Patient: _____

Please date and sign. If you are a Direct Access patient, you must mail back consent in self addressed stamped envelope prior to the procedure.