



AUTHORIZATION FOR AND CONSENT TO SURGERY/PROCEDURE

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.*

I consent to allow my physician and such other assisting physicians and surgical personnel as requested by my physician to perform the following surgery or procedure:

_____ **Upper Endoscopy/EGD (Esophagogastroduodenoscopy)** -The examination of the esophagus, stomach, duodenum, and jejunum with possible biopsy/polypectomy. Possible dilation of narrowed areas with balloons or tubes, injection therapy, variceal ligation, electrocautery, and application of clips.

_____ **Colonoscopy** - The examination of the anus, rectum, and/or pelvic area and all or the major part of the large intestine and/or ileum with possible biopsy/polypectomy. Possible dilation of narrowed areas with balloons, injections therapy, electrocautery, and application of clips.

_____ **Flexible Sigmoidoscopy** - The examination of the anus, rectum, and/or pelvic area and last part of the large intestine with possible biopsy/polypectomy. Possible dilation of narrowed areas with balloons, injections therapy, electrocautery, and application of clips.

_____ **Endoscopic Ultrasound** with possible fine needle aspiration and/or biopsy.

_____ **Pelvic/Rectal Exam Consent** - (for Colonoscopy and Sigmoidoscopy) I understand the Rectal portion of a Pelvic Examination will be performed by my physician as part of my procedure and in some instances will include an examination of other pelvic organs if medically necessary. I understand that a Pelvic Examination is defined as a series of tasks that comprise an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, the health care provider's gloved hand or instrumentation.

Other: _____

My physician has explained to me the nature and purpose of the surgery/procedure that will be performed. I understand that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of this surgery or procedure. Additionally, I authorize the performance of any other procedures that in the judgment of my physician or other healthcare providers participating in the surgery or procedure may be necessary for my well-being, including such interventions as are considered medically advisable to remedy conditions discovered during the surgery or procedure.

My physician has explained to me the risks and/or complications, benefits, and medically acceptable alternatives to the surgery or procedure. The potential risks or complications of this procedure include infection; aspiration; adverse reaction; drug reaction; phlebitis; nerve injury; injury to organs; bleeding; perforation; cardio/respiratory complications; nausea and vomiting; and prolonged recovery from anesthesia; brain damage, paralysis, stroke, or death. Patients with previous abdominal/pelvic surgery and those with extensive diverticulosis may be at higher risk for complications. In a small percentage of patients, a failure of diagnosis or a misdiagnosis may result.

Teeth and/or dental prosthetics (such as dental implants, veneers, caps, crowns, and bridges) may become loose, broken, or dislodged, especially if loose or in poor repair regardless of the care provided. By signing this consent, you are acknowledging that neither your physician, anesthesia provider, nor the facility will be responsible for any dental damage or repair costs.

I understand that there are risks with any surgery or procedure, and it is impossible for the physician to inform me of every possible complication.

