



Digestive Health Center

Procedure Consent

I authorize the provider selected below to perform the following test/treatment/procedure: (name of test/treatment/procedure in the patient's own words): _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Ravi Mallavarapu, MD | <input type="checkbox"/> Srinivas Kalala, MD | <input type="checkbox"/> Moaz Sial, MD | <input type="checkbox"/> Shima Ghavimi, MD |
| <input type="checkbox"/> Richard Manfreedy, MD | <input type="checkbox"/> Kavan Patel, MD | <input type="checkbox"/> Anjana Aggarwal, MD | |
| <input type="checkbox"/> Dileepa Pathirannehelage, MD | <input type="checkbox"/> Taha Ashraf, MD | <input type="checkbox"/> Louma Rustam, MD | |

Name of the test/treatment/procedure in medical terms (health care worker to fill in):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Esophagogastroduodenoscopy | <input type="checkbox"/> Flexible Sigmoidoscopy |
| <input type="checkbox"/> Paracentesis | <input type="checkbox"/> Liver Biopsy | |

By signing this form, I understand and acknowledge that I have been informed of the following:

1. My medical condition has been explained to me by my provider.
2. The reasons for and the purpose of the recommended test/treatment/procedure has been explained to me.
3. The nature of the recommended test/treatment/procedure has been explained to me.
4. The risks and benefits of the recommended test/treatment/procedure have been explained to me.
5. The alternatives (including non-treatment) to the recommended test/treatment/procedure have been explained to me.
6. All of my questions about the recommended test/treatment/procedure have been answered to my satisfaction.

By signing this form, I acknowledge and understand:

1. That the practice of medicine is not an exact science, and that no guarantees have been made to me as to the results of the test/treatment/procedure. I also understand that complications may occur which are beyond the control of the provider.
2. That unforeseen conditions may arise during the test/treatment/procedure. I agree that additional, necessary procedures may be performed based on intraprocedural findings and the provider's clinical judgement. Possible procedures with a reasonable likelihood of needing to be performed have been discussed with me.
3. The risks, benefits and alternatives to the type and method of anesthesia/sedation have been explained to me. My questions about the anesthesia/sedation have been answered to my satisfaction, and I consent to the administration of such anesthesia/sedation medications as may be considered necessary or advisable by my physician.

