

Consent for EGD and Administration of Anesthesia

I hereby request Dr.: _____ Date: _____

To perform the following procedure on me: **EGD** _____

Description: **You will be given medication to numb your throat. A lighted tube will be introduced into the mouth to examine the esophagus, stomach and duodenum.**

Tissue samples, growths, or digestive juices may be collected. If narrowing or stricture is found, the following treatments may be used through the lighted tube: medication injection or cauterizing device.

Diagnosis/Reason for procedure: _____

I understand there are risks involved in all procedures. These include but are not limited to infection, bleeding, pneumonia, heart attack, stroke, perforation and even death.

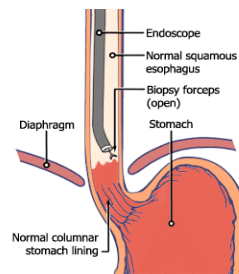
Alternatives instead of procedure: **X-ray, operation or second opinion** _____

What may happen if the procedure is not done. _____

Physician Signature _____

Patient Signature _____

Witness Signature _____



ANESTHESIA CONSENT

1. I _____, hereby authorize Dr. _____ or his designated alternative (anesthesiologist or certified Registered Nurse Anesthetist) to administer _____ (type of anesthesia) to _____ in connection with the medical treatment _____ expects to receive at Peninsula Endoscopy Center on or about _____ (date).

I therefore authorize and request that the above named anesthesiologist, or his designated alternative, perform such anesthesia procedure's that are deemed necessary and desirable in the exercise of professional judgment.

2. I have been informed that the administration of anesthesia involves the use of techniques and drugs which are potentially harmful, significant risks and possible complications include but are not limited to those risks listed on the reverse side of this form.
3. While I am aware that the explanation I have received is not exhaustive; and, as with all medical procedures, additional, unforeseeable risks and complications may arise, I have had all my questions answered, and the explanations I have received are sufficient for me to give my informed consent for this procedure.
4. I acknowledge that I have read this consent form, or that it has been read to me, that I understand its implications and contents, and sign it voluntarily of my own free will.
5. I understand that when the time is not critical, the anesthesiologist will discuss with me the anesthetic alternative and risks, and answer my questions regarding any planned anesthetic procedure.

Anesthesiologist

Patient /Closest Relative/Legal Guardian

Date

Witness