

# Consent for Colonoscopy and Administration of Anesthesia

I hereby request Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

To perform the following procedure on me: **COLONOSCOPY** \_\_\_\_\_

Description: **A lighted tube will be introduced into the rectum to examine the large bowel. Tissue samples or biopsies may be taken and growths removed with an electric wire if necessary. If bleeding is found the following treatments may be used through the lighted tube: medication injection or cauterizing devices.**

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.

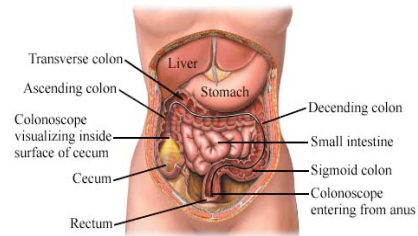
Alternatives instead of procedure: **X-ray, operation or second opinion** \_\_\_\_\_

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