

MY GUT		Patient's Name:
CARF		DOB:// MRN:
HEALTH, LIVER AND ENDOSCOPY		Address:
Gastroenterology Info	rmed Consent	
I have read relevant "Pation procedure be performed in		n given information regarding anaesthetic and
doctor finds someth I understand the river are specific to me bowel, bowel haem they do occur, surgent My prognosis and diagnosis of cancer. That no guarantee though it has been I was able to ask of proposed procedur. My questions and of I understand that if procedure and that treatment. On the basis of the above I hereby consent to	on and the proposed pring unexpected and the sks of the procedure as which may include but reporting the risks of not having the risks of not having the risks of not having the carried out with due professions and raise concerns have been disconcerns have been disconcerns have been disconcerns image/s or video footages these image/s or video statements:	s well as anaesthesia, including the risks that not limited to major risks e.g Perforation of the pleen or other internal organs (<1:1000) and if the procedure e.g. missed disease or delayed the procedure will improve my condition even fessional care. Cerns with the doctor about my condition, the reatment options. Classed and answered to my satisfaction. The emay be recorded as part of and during my only will assist the doctor to provide appropriate
Patient's Signature		Date

I have discussed the procedure with the patient and have given the patient the opportunity to ask questions. To the best of my knowledge, the patient has been adequately informed and has consented

concented.		
	Signed	Proceduralist