Cary Gastroenterology Associates
UPPER ENDOSCOPY (EGD) CONSENT FORM

Your physician has recommended that you undergo a procedure called an Upper Endoscopy (EGD). An upper endoscopy is a procedure that enables the physician to see the lining of your esophagus, stomach and the part of your intestines called the duodenum. These areas are examined with a lighted flexible tube, slightly smaller than your little finger, called a gastroscope. For the endoscopic examination, the physician may apply a medication to numb your throat. You will be given a sedative injection that will relax you before the tube is inserted. The physician will then insert the flexible tube through your mouth and into your stomach in order to look at the lining of your esophagus, stomach and duodenum. If any abnormalities are detected, the areas will be photographed and biopsies may be taken.

As with any examination, certain risks exist. These include but are not limited to: bleeding, perforation, medication reactions, life threatening events, dental damage and missed lesions. With this procedure a perforation of the esophagus, stomach or duodenum may occur if the flexible tube punctures these organs. A puncture of the stomach or bleeding at the biopsy site may occur from biopsy forceps. Bleeding can be stopped from special instruments. Rarely, blood transfusions and/or surgery may be required in these situations. Some discomfort, such as a sore throat, may also be associated with swallowing the tube. Medication reactions and life threatening events are rare occurrences and you are monitored closely for them during and following the procedure. As with many tests, it is not perfect and lesions can be missed. Every effort is made to minimize chances of these risks**.**

For certain conditions such as a stricture of the esophagus, dilations may be performed. This does carry a small risk of puncture of the esophagus. If a puncture occurs, this may need to be treated with antibiotics, urgent surgery and hospitalization.

If you have any questions or concerns about this procedure, they will be answered for you before you sign this form.

I certify that I have read/been informed and understand the contents of this informed consent. In addition, all of my questions have been answered; and all complications, risks, and benefits have been explained to my satisfaction.

I hereby authorize Dr. _____and/or such assistants as may be selected by him to perform the above mentioned procedure on _____.
Name of Patient

_____ _____
Patient Signature Date

Cancellation and rescheduling fees will be assessed. Please ensure understanding of Cary Gastroenterology's policies for cancelling and rescheduling appointments.

06/2012

Raleigh Endoscopy Center Patient Health History Sheet:

Please complete this form and bring it with you on the day of your procedure.

Locations:

Main: 2417 Atrium Dr. (Phone) 919-791-2060 **North:** 8300 Health Park (Phone)919-256-7980 **Cary:** 1505 SW Cary Parkway (Phone)919-792-3060

Patient Name_____ Date of Birth_____ Procedure Date_____

Primary Care Physician_____ Height_____ Weight_____

****A RESPONISIBLE ADULT/DRIVER MUST REMAIN WITH YOU AT THE ENDOSCOPY CENTER AT ALL TIMES****

Please List Below any **Allergies/Sensitivities** to Medication, Materials, Food and Environmental factors and reaction:

Name and Reaction:

1._____ 4._____ 7._____

2._____ 5._____ 8._____

3._____ 6._____ 9._____

MEDICATIONS: LIST ALL (PRESCRIPTION, NON PRESCRIPTION, SUPPLEMENTS & VITAMINS)

MEDICATION NAME	DOSE TAKEN	FREQUENCY	REASON TAKEN
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____
5._____	_____	_____	_____
6._____	_____	_____	_____
7._____	_____	_____	_____
8._____	_____	_____	_____
9._____	_____	_____	_____

10. Do you take a blood thinner? Yes No Name:_____

Do you have any of the following? ***IF YES, contact your GI physician's office for further evaluation***

Trouble Breathing or Anaphylaxis to Latex or Rubber Products?	Yes	No
Oxygen at Home to Help You Breath?	Yes	No
A Letter Stating You Are Difficult to Intubate?	Yes	No
An Implanted AICD for Your Heart?	Yes	No
Currently Pregnant or Breast Feeding?	Yes	No
Currently on Dialysis?	Yes	No
Problems with Anesthesia (if so explain)	Yes	No _____

Have You Ever Been Diagnosed With the Following: ***(Please Circle if You Have Had or Currently Have?)***

Congestive Heart Failure	Colon Cancer	Seizures (date of last) _____
Irregular Heart Beats	Cirrhosis	Stroke/TIA/CVA (date of last) _____
Chest Pain/Angina	Liver Disease	Infectious Diseases (type)_____
Heart Attack (Date)_____	Hepatitis(type)_____	Bleeding/Clotting Disorder (type)_____
Heart Stents (number) _____	Colostomy Bag	Cancer(type) _____
Shortness of Breath	Colitis/Crohns	Chemotherapy or Radiation: Dates_____
Sleep Apnea (CPAP setting) ____	Anemia	Shingles
COPD	C. Difficle	HIV/AIDS
Kidney Failure	Diabetes	High Blood Pressure

Do you Smoke/chew tobacco? _____ **If Yes**, Please **Do NOT** smoke/chew on the day of your procedure

Drink Alcohol? _____# of drinks/week_____ Other/Misc.: (please list) _____

Surgeries: Please List All Major Surgeries

1._____ 4._____

2._____ 5._____

3._____ 6._____

Coding Your Procedure

Your procedure will be coded based upon documentation from your physician during the procedure, which may not be covered by your insurance carrier at 100%. If abnormal findings such as a polyp or lesion are detected and removed, the service may then be considered diagnostic by your insurance carrier. Please be aware that you will be responsible for any expenses not covered by your insurance carrier and that the diagnosis code will not be changed in an attempt to reduce out of pocket expenses.

Deposits for procedures and/or pathology will be required. Deposits are nonrefundable for procedures not cancelled per cancellation policy, and will be applied towards any out of pocket expenses. Questions regarding specific portions of your bill can be addressed as follows:

Physician	Cary Gastroenterology	(919) 816-4948
Facility fees	Raleigh Endoscopy Center	(919) 792-3060
Anesthesia	Carolina Sedation Services	(866) 809-1220

Cancelation Policy

Cancelling Your Procedure – You must provide at least **3 business days notice** to cancel your procedure. Procedures that are not cancelled with proper notice will be charged a cancellation fee of $100.00. Deposits for procedures that are not cancelled per this policy are nonrefundable.

No Shows – Procedures - Failure to show for a procedure without a cancellation call to us will result in a "No Show" charge of $100.00. Deposits for procedures that are "no showed" per this policy are nonrefundable.

Notice of Patient Rights

Cary Gastroenterology provides Notice of Patient Rights to you for both Cary Gastroenterology and Raleigh Endoscopy Centers. These documents can be located at www.carygastro.com; Procedures; Paperwork; Notice of Patient Rights.