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BOARD CERTIFIED
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INFORMED CONSENT

Patient's Name _____

Name of Planned Procedure _____

Indication _____

I understand that the procedure may have the following **risks and complications**:

1. Adverse reaction to drugs used during the procedure including, but not limited to:
    - Respiratory depression
    - Cardiac Arrhythmia
    - Cardio-pulmonary failure
    - Allergic reaction
2. Bleeding which may require surgery
3. Perforation that may require surgery
4. Aspiration of secretions causing pneumonia
5. Infection
6. Missed polyp or cancer
7. Other complications not listed above but discussed.

Additional risks for patients undergoing **Bravo Esophageal pH monitoring** study:
~ Chest pain or pain with swallowing
~ Failure of attachment of pH capsule
~ Failure of data retrieval
~ Failure of pH capsule to detach within 14 days
~ Do not have MRI until capsule has passed out of the body.

Additional risks for patients undergoing **capsule enteroscopy**:
~ Bowel obstruction requiring surgery
~ Failure of data retrieval
~ Do not have MRI until capsule has passed out of the body.

Additional risks for patients undergoing **ERCP**:
~ Pancreatitis.

The following alternative treatments have been discussed with me:

I, _____, have read and understand the above. I give my consent for the above procedure to be performed by Ambika Bali, MD. I was given adequate opportunity to ask questions. All blanks were filled prior to my signature.

_____ _____
Signature of Patient Date

_____ _____
Signature of Physician Signature of Witness