Gary M. Annunziata, D.O., F.A.C.P.

UNITED GASTROENTEROLOGISTS

Anh T. Duong, M.D

INFORMED CONSENT FOR GASTROINTESTINAL ENDOSCOPY WITH OR WITHOUT DILATATION & COLONOSCOPY.

I understand I have been scheduled for a gastrointestinal endoscopy (also called EGD, Esophagogastroduodenoscopy). The procedure examines the lining of the esophagus, stomach and duodenum to see if there are any abnormalities of the upper digestive tract, using a small, thin, lighted flexible tube. During this procedure the doctor may discover small growths and or inflammation, which will either be removed or biopsied

I have also been scheduled for a colonoscopy for the purpose of examining the colon. I understand that for this procedure a small flexible tube with a camera and instruments will be placed into my rectum and advanced into the lower intestinal tract. I am aware that a colonoscopy cannot rule out all diseases including polyps and cancer. I am also aware that a colonoscopy may not be able to be finished for certain reasons. Some examples include:

- Unique Anatomy (the tube may not be able to go through the body as needed)
- Poor Bowel Preparation
- Discomfort during procedure
- Unable to provide safe or enough sedation

I understand some possible risks and complications of these procedures. Some include but are not limited to:

- Infection
- Bleeding
- Perforation (tearing hole) of the gastrointestinal tract
- Damage to other organs beyond the gastrointestinal tract

I understand that sedation and other medicines given during the procedure have a slight risk of unwanted effects. Some reactions include and are not limited to:

- Allergic reaction
- Vein irritation
- Respiratory and cardiac depression
- Even death

I understand that with the anesthesia/sedation for these procedures I will not be able to drive the remainder of the day and I should not have plans after the procedure. I understand that **I MUST HAVE A DRIVER** take me home.

Dental Consent

Dental Injury- We will **NOT** accept liability for any mouth or tooth injury. In all upper endoscopies, protective mouth pieces are used. Despite this, some patients develop injuries to existing teeth or dental implants, bridges, etc. If you have loose teeth or partial dentures risk of injury is greater. I understand any cost due to a mishap will be my responsibility.

Blood Thinner Consent

It is very important you let your physician know of any blood thinning medication you may be on. Being off blood thinning medication increases a risk of having a stroke, heart attack or blood clot. Even if it has been stopped in the past without problems, the risk still exists. After polypectomy, restarting blood thinning medication does increase the risk for bleeding. Blood thinner medication taken _____I understand and accept this risk_____ (initial here).

Billing Regarding EGD/Colonoscopy

This is to inform you that you may have the possibility of receiving three bills when undergoing this procedure. The bills consist of the physician bill for performing the procedure, a bill from the facility, and if there are biopsies retrieved then you will be subject to a bill from pathology as well.

I have read the above statements, my physician/physician assistant or nurse practitioner have discussed it with me. I understand and accept the risk of the procedure and give my consent to proceed.

Patient Name-_____ **Date** _____

Patient Signature- _____ **Witness**_____

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PREVENTIVE OR SCREENING COLONOSCOPY EXAM
VS.
DIAGNOSTIC COLONOSCOPY EXAM

Please be advised that if you are being seen today for a preventive or screening colonoscopy, it will not necessarily be billed as a preventive or screening procedure. When the doctor performs the procedure, should there be polyps found or the need for biopsies to be taken it will change the procedure from a Preventive or Screening Colonoscopy (G0121 or G0105) to a Diagnostic Colonoscopy (45378). If the doctor performs the procedure and there are no biopsies or polyps removed, then it will be billed as a preventive or screening procedure.

We advise that you please check with your insurance company to ensure that you have coverage for either of these procedures. We do obtain prior authorization for the Colonoscopy; however, **PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT BY YOUR INSURANCE COMPANY.**

By signing below, you are stating that you will contact your insurance company to verify coverage for either procedure.

_____ _____
Patient Name- Please Print Witness

_____
Patient Signature

_____

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Anesthesia Waiver

Patient Name- _____

Most patients who undergo endoscopic procedures are generally comfortable and do not recall the procedure with a standard sedation technique called **conscious sedation (CS).** This involves the use of a short acting narcotic and a Valium-like medicine that creates sedation that is generally tolerable and safe. **Conscious sedation** is the standard care for endoscopic procedure.

Although we make every attempt to ensure that you are comfortable during the procedure, we cannot always predict in advance of an endoscopic procedure who is going to experience pain, discomfort, or other reactions to the CS.

There is another type of sedation available called **deep sedation (DS).** Insurance companies traditionally do not pay for this; however, it assures that there is generally no recollection of the procedure. **Deep sedation** is done under the care of an anesthesiologist.

You have the option to request DS in advance of your procedure; however, this cannot be done during the procedure if you experience pain that is not responding to the traditional sedation method.

Therefore, we are asking you to choose deep sedation or conscious sedation.

If you want **DS**, we will arrange to have your procedure done under anesthesia; cost estimates will be provided in this circumstance. Please notify the scheduling office staff.

If you do choose to use a deep sedation technique during your procedure there may be an increased risk of complications related to deep sedation and an increased risk of perforation of the gastrointestinal tract. By signing below, you are agreeing to this increased risk and that you have a copy of this document.

I am **waiving** my option to the deep sedation; I am requesting **conscious sedation**, signed:

_____/_____/_____/_____ Print/Signature/Date/Time

I am **requesting deep sedation** as done by an anesthesiologist and accept the associated risk:

_____/_____/_____/_____ Print/Signature/Date/Time

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PATIENT MEMORANDUM

TO: OUR PATIENTS

FROM: GARY ANNUNZIATA, D.O., ANH DUONG, M.D.,

SUBJECT: DISCLOSURES

FINANCIAL DISCLOSURE

Gary Annunziata, D.O., Anh Duong, M.D. (Collectively the "Physicians") have ownership interest in United Medical Doctors, Temecula Valley Digestive Disease, a Medical Corporation which owns and operates the clinical pathology laboratory. The Physicians generally refer their clinical pathology laboratory work to the on-site clinical pathology laboratory operated by United Medical Doctors, Temecula Valley Digestive Disease Consultants, a Medical Corporation. You have the right to choose another clinical pathology laboratory for the purpose of having any of your pathology work or assignment performed. If you desire to choose another clinical pathology laboratory to have pathology work or assignment performed please let the office manager or your Physician know.

Acknowledgment of Receipt:

_____ Dated: _____
Patient Name- Please Print

_____
Patient Signature