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**Capsule Endoscopy Intake Form**

Patient Name- \_\_\_\_\_ Home Phone # - \_\_\_\_\_  
Date of Birth- \_\_\_\_\_ Social Security #- \_\_\_\_\_  
Gender- Male Female  
Weight- \_\_\_\_\_ Height- \_\_\_\_\_ Waist (inches)- \_\_\_\_\_

**Please Answer the Following Questions**

1. Do you have a history of bowel obstruction? Y N
2. Have you had a bowel or intestinal surgery? Y N  
If yes, what type? \_\_\_\_\_
3. Have you had abdominal radiation therapy? Y N
4. Have you previously had a capsule endoscopy or swallowed any other ingestible device? Y N
5. Do you take insulin? (dose: \_\_\_\_\_) Y N
6. Have you ever taken NSAIDs, such as Advil, Or Aspirin for more than 30 days? Y N
7. Do you have a pacemaker?  
Name of Cardiologist? \_\_\_\_\_
8. Do you have a history of Crohn's disease? Y N
9. Have you seen Dr. \_\_\_\_\_ before? (When : \_\_\_\_\_)

**Scheduling**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Appointment made by: \_\_\_\_\_



**Advanced Beneficiary Notice**

Medicare, Medi-Cal, and any other insurance carriers will pay for services determined to be reasonable and necessary under Section 1862 (a) (1) of the Medicare Law. If the payer determines that a particular service is not reasonable and necessary under their program, they will deny payment for the service. In your case they may deny payment for the following procedures:

The reason(s) for denial is likely to be one or more of the following:

The procedure has been pre-authorized with your insurance company; however, it does not guarantee payment by your insurance company. If they fail to pay for the capsule endoscopy (91110), you will be financially responsible for the amount they allow for this procedure/

Dr. Annunziata or Dr. Duong have notified me that they believe that payment is likely to be denied, for reason(s) stated above. I agree to personally and am fully responsible for payment and make such payment when billed.

Patient Name- \_\_\_\_\_

Patient Signature- \_\_\_\_\_

Date- \_\_\_\_\_



**CAPSULE ENDOSCOPY CONSENT FORM**

I CONSENT TO HAVING CAPSULE ENDOSCOPY.

Capsule endoscopy is an endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, such as BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure until the capsule passes following the exam.

I understand that due to variations in a patient’s intestinal motility, the capsule may only image the small intestine. It is also possible that due to interference, some images may be lost, and this may result in the need to repeat the capsule procedure.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in medical studies.

Dr. \_\_\_\_\_ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatments, and I have been allowed to ask questions concerning the planned examination.

I authorize Dr. \_\_\_\_\_ to perform capsule endoscopy.

\_\_\_\_\_  
PATIENT NAME (PRINT)

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

In the presence of:  Spouse       Parent  
 Companion       Patient Alone

## Capsule Endoscopy Patient Prep Instructions

### PLEASE READ THOROUGHLY

NOTE: If taking an iron supplement, stop taking 4 days prior to the test.

Prep medication comes in a variety of sizes: When purchasing your preparation medication, ensure you get enough for the whole prep.

- MiraLAX. A container with at least 153 grams (you will likely have some left over)
- Mylicon / Simethicone Drops. Smallest bottle possible...all you need is a total of 1.2ml total.

#### Day before procedure:

- Breakfast and a light lunch. 12 noon you will start a CLEAR LIQUID diet.
- 6pm – Mix (7) seven capfuls (119) grams of MiraLAX with 32oz. of water or Gatorade (non-red) and drink all contents.
- 9:30pm – take 0.6ml of Mylicon/Simethicone drops with 8oz of water. This will reduce bubbles in the GI tract.
- Nothing to drink after 10pm.

DO NOT take Mylanta, Pepto Bismol, Milk of Magnesia or anything that coats the stomach.

#### Day of Procedure:

- HOLD medications until 2 hours after ingestion of capsule.
- \_\_\_\_\_ 2 hours prior to scheduled appointment, mix 1 capful (17 grams) of MiraLAX with full glass of water or Gatorade (non-red) and drink all contents.
- Take 0.6ml of Mylicon/Simethicone drops with 8oz of water.

Arrive at the office \_\_\_\_\_ am on \_\_\_\_\_.

#### After Capsule Ingestion:

- You will resume water consumption directly after capsule ingestion, drink plenty of water.
- **If necessary**, resume ONLY priority medications 2 hours after ingestion. If not necessary resume medications after lunch.
- \_\_\_\_\_ 4 hours after capsule ingestion, mix 1 capful (17 grams) of MiraLAX with full glass of water or Gatorade (non-red), drink all contents.

Enjoy a light lunch when you are ready. Eat normally for dinner, no further diet restrictions are necessary.

#### Important Patient Information: AVOID A REPEAT

- The capsule will typically take 3-36 hours to pass providing regular bowel movements. If by 72 hours you have not passed the capsule, contact the office. It is NECESSARY to use the provided strainer “hat” during EVERY bowel movement until capsule is retrieved.
- Please adhere to capsule retrieval instructions, rinse the capsule, place it in the vial provided and FedEx it into the CapsoCloud download center. (FedEX label instructions provided). Thank you.

To watch the retrieval video instructions: <https://capsovision.com/patient-resources/what-to-expect-with-capsocam/>

**Remember:** It is critical that you retrieve the capsule so that it can be downloaded & reviewed.

Any questions, please call the office at 760-321-2500