

I CONSENT TO HAVING THE SMARTPILL CAPSULE MOTILITY PROCEDURE.

The SmartPill Capsule Motility procedure is a motility exam of the gastrointestinal tract. SmartPill measures pH, pressure and temperature from within the entire GI tract and is not a replacement for endoscopy.

I understand that there are risks associated with any capsule motility procedure. One such risk associated with the capsule motility procedure includes the risk related to non-passage of the Capsule through the GI tract. This can occur when a patient has an obstruction. Such an obstruction may require immediate surgery.

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

I understand that data obtained from my capsule motility procedure may be used, under complete confidentiality, for educational purposes in future medical studies.

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

I authorize Dr. _____ to perform the SmartPill capsule motility procedure.

Patient Name (please print): _____

Patient Signature: _____ Date: _____

In presence of: Spouse: _____ Companion _____
Patient: _____ Patient Alone: _____