

**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: \_\_\_\_\_

**Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D. / Jonathan C. Lin, M.D.**  
**35900 Bob Hope Drive, Ste. 275**  
**Rancho Mirage, CA. 92270**  
**Phone- (760) 321-2500 Fax- (760) 321-5720**

**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/ Dr. Duong and/or Dr. Lin 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 Prep Instructions**

1. Capsule endoscopy is contraindicated in patients with known or suspected bowel obstruction, patients with pacemakers or other implanted electromechanical device, and patients suffering from swallowing disorders.
2. Must have nothing by mouth after midnight prior to arriving to the office for testing.
3. Do not have a MRI during capsule endoscopy.
4. Please do not take iron by mouth a week prior to exam.

DAY BEFORE EXAM- \_\_\_\_\_

You may have a light breakfast. After breakfast you will be on clear liquid diet for the remainder of the day.

9:00 – 11:00 am – Drink 16oz. of clear liquid of choice.

12 noon (lunch) – Drink 1 cup of clear soup.

Eat one serving of plain Jell-O, Drink 4oz. of clear juice

2:00 – Drink 10oz. bottle of Magnesium Citrate (tastes better if chilled)

3:00 – Take 2 Dulcolax tablets.

4:00-10:00 p.m. - You may consume as much clear liquids as you would like to maintain hydration.

Take nothing by mouth after 10:00 p.m. (food or liquid). Please ask the office regarding any medications.

DAY OF EXAM- \_\_\_\_\_

Please arrive at our office at \_\_\_\_\_

You must report back to our office at \_\_\_\_\_p.m. to have the equipment removed.

**TEST TO BE PERFORMED AT:**

35900 BOB HOPE DR. #275, RANCHO MIRAGE, CA. 92270

**\*\*\*NOTICE TO ALL PATIENTS\*\*\***

Please wear an upper garment of thin, natural fiber cloth that is long enough to reach at least to hip of level and will not ride up above the sensor belt. The belt to the device will be placed over your shirt, around your waist.

The sensor belt must *NOT* be worn over synthetic or slippery fabric (such as nylon or silk).

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

Anh T. Duong, M.D.

Jonathan C. Lin, M.D., MPH

### **During Capsule Endoscopy-Patient Instructions**

You have just swallowed a capsule endoscope. This sheet contains information about what to expect over the next 8 hours. Please call our office if you have any severe or persistent abdominal or chest pain, fever, difficulty swallowing, or if you have any questions. Our phone number is (760) 321-2500 and ask to speak with Leslie or Silvia.

#### **TIME OF CAPSULE INGESTION-\_\_\_\_\_**

1. You may drink clear liquids (see attached sheet) 2 hours after swallowing the capsule. You may eat a light meal 4 hours after swallowing the capsule. You may also take your medications at this time.
2. Do no exercise. Avoid heavy lifting. You may walk, sit and lay down. You can drive a car. You may return to work, if your work allows avoiding unsuitable environments and/or physical movements.
3. Avoid going near MRI machines and radio transmitters. You may use a computer, radio, stereo, or cell phone.
4. Do not stand directly next to another patient undergoing capsule endoscopy.
5. Try not to touch the recorder or sensor array leads. Do not remove the sensor array leads.
6. Avoid getting the data recorder or sensor array leads wet.
7. You may loosen the belt to allow yourself to go to the bathroom. Do not take the belt off.
8. Observe the LED lights on the data recorder at least every 15 minutes. If the lights stop blinking, document the time and call our office.
9. Return to the office at \_\_\_\_\_ to have the equipment removed.

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### **Post Capsule Endoscopy – Patient Instructions**

You have just had a Capsule Endoscopy. This sheet contains information about what to expect over the next two days. Please call our office if you have severe or persistent abdominal or chest pain, fever, difficulty swallowing, or if you have any questions. Our phone number is (760) 321-2500 and ask to speak with Leslie or Silvia.

1. Pain: Pain is uncommon following Capsule Endoscopy. Should you feel sharp or persistent pain, please call our office.
2. Nausea: Nausea is very uncommon, and should it occur, please notify our office.
3. Diet: You may eat and drink. There are no dietary restrictions.
4. Activities: Following the exam, you may resume normal activities, including exercise.
5. Medications: You may resume all medications immediately. Do not make up doses you have missed, just begin your normal dosage.
6. Further Testing: Until the capsule passes, further testing, which includes any type of MRI, should be avoided. If you have an MRI examination scheduled within the next three days, the MRI exam should be postponed.
7. The Capsule: The capsule passes naturally in a bowel movement, typically in about 24 hours. Most likely, you will be unaware of its passage. It does not need to be retrieved and can safely be flushed down the toilet. Occasionally, the capsule lights will still be flashing when it passes. Should you be concerned that the capsule did not pass, in the absence of symptoms, an abdominal X-Ray can be obtained after 3 days to confirm its passage.