

Endoscopic Procedure Consent Form

Patient Name:

Date of Birth:

Procedure:

Physician:

Consent

I hereby consent to undergo the endoscopic procedure as recommended by my physician. The procedure, its risks, benefits, and alternatives have been explained to me.

I understand that unforeseen conditions may require additional procedures.

I acknowledge that all my questions have been answered to my satisfaction.

Patient/Guardian Signature:

Date:

Witness Signature:

Date: