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PROGRESSIVE GASTROENTEROLOGY

Reflux Center of Long Island
Center for Irritable Bowel Syndrome
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Consent for Operative/Invasive/Diagnostic Procedures Requiring Anesthesia or Sedation/Analgesia

1. **Permission:** I hereby authorize Dr. David Gutman and his associates or assistants of his choice to perform the following:

_____ Colonoscopy with intravenous sedation/possible biopsy, possible polypectomy, possible cautery, possible injection for marking or control of bleeding, possible clipping.

_____ Upper Endoscopy with intravenous sedation/possible biopsy, possible polypectomy, possible cautery, , possible injection for marking or control of bleeding, possible clipping.

_____ Esophageal acid monitor placement.

Including such photographing that may be purposeful for the advancement of medical knowledge and/or education, with the understanding that my (the patient's) identity will remain anonymous.

2. Dr. Gutman has fully explained to me the nature and purpose of the procedure(s) and also informed me of expected benefits and complications (from known causes), attendant discomforts and the risks that may arise, as well as possible alternative methods of diagnosis and/or treatment to the proposed procedures(s), including no treatment. I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily

3. **Anesthesia:** I further consent to the administration of such anesthetics, sedatives or analgesics as may be considered necessary.

4. **Specimens:** Any tissues surgically removed may be examined by a pathologist and may be disposed of in accordance with customary practices and applicable State laws and regulations

5. **Understanding of This Form:** I confirm that I have read this form, fully understand its contents and that all blank spaces above have been completed prior to my signing. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) described above.

Patient/Agent/Relative/Guardian Signature

Date

Print Name (include relationship if not patient)

Interpreter, if required (Signature)

Print Name

Witness to Signature Date

Print Name