

Breve descripción de los procedimientos endoscópicos

Entiendo la descripción de mi procedimiento:

Iniciales ()

1. **EGD (Esofagoduodenoscopia)** Examen del esófago, el estómago y el duodeno con un alcance de alta definición. Si se encuentra sangrado activo, se puede realizar la coagulación por calor. **Dilatación esofágica** tubos dilatadores o globos se utilizan para estirar áreas estrechas del esófago después de que se realiza un EGD.

El procedimiento de EGD puede incluir, pero no se limita a las siguientes intervenciones adicionales:

- a. Biopsia
- b. Polipectomía mediante bucle de alambre y electricidad
- c. Posible dilatación
- d. Terapia de hemostasia para detener el sangrado cuando se indica
- e. Colocación de la clavija cuando se indica
- d. Ablación por radiofrecuencia de HALO del esófago de Barrett cuando se indica

Iniciales ()

2. **COLONOSCOPY:** Examination of all or a portion of the colon using a high definition colonoscope. Older patients and those with extensive diverticulosis are more prone to complications. Polypectomy (removal of small growths called polyps) is performed, if necessary, by the use of a wire loop and electric current. **Be aware that 2%-4% of colon polyps which could be benign or possibly contain colon cancer could be missed during your colonoscopy procedure based on nationwide statistics.**

Colonoscopy procedure may include but is not limited to the following additional interventions:

- a. Biopsy
- b. Polypectomy using wire loop and electricity
- c. Hemostasis therapy to stop bleeding when indicated
- d. Infrared Photocoagulation of Internal Hemorrhoids
- e. Endoscopic mucosal resection

Initial ()

3. **ENDOSCOPIC ULTRASOUND (EUS) or RECTAL EUS:** The procedure is same as an EGD or Colonoscopy respectively, as listed above, but has the added ability to evaluate organs beyond the walls of the GI tract for assessing various diseases, causes for pain, unintentional weight loss, staging of cancer, and the ability to biopsy deeper tissues if needed.

Initial ()

4. **EGD/COLONOSCOPY/EUS/RECTAL EUS:** If any unforeseen condition arises during this procedure calling for (in the physician's judgement) additional procedures, treatments or operations, I authorize him to do whatever he deems advisable. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the result of this procedure.

Initial ()

I consent to the taking and publication of any photographs made during my procedure for use in the advancement of medical education. I consent to the removal and separate pathology billing of biopsies and/or polypectomies. I certify that I understand the information regarding gastrointestinal endoscopy. I have been fully informed of the risks and possible complications of my procedure. I hereby authorize and permit physician below and whomever he may designate:

Initial ()

Billing Procedures: *Your procedure will consist of (2) sets of charges.* The first set, for services provided by your physician.

- Milan S. Chakrabarty, M.D.
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The second for the use of Hemet Endoscopy Center. It is your responsibility to know that your physician and Hemet Endoscopy Center are both contracted with your insurance. We advise that you call your insurance company for verification of provider contracts. *The office staff is not responsible for the contracts you have with your insurance company or for the decision they make when paying/denying your claim.*

If biopsies or polyps are removed, there will also be a charge for pathology services from an outside facility/laboratory. Your physician nor the Surgery Center can answer questions concerning pathology/lab services. **If your insurance requires you to use a particular lab, you must notify us BEFORE your procedure is done otherwise we will use the lab of our choice.**

I understand the billing procedures

Initial ()

I have not signed or initialed anything on this consent that I have not read or that I do not understand.

Initial ()

DATE SIGNED (by patient or legally authorized person)

TIME WITNESS

Should you have any further questions or concerns, please don't hesitate to give us a call. Please read everything in this literature thoroughly and call us should you have questions or see our webpage: www.gi-excellence.com. We can be reached at (951) 652-2252.

To learn more of G.I. Excellence, Inc.'s procedures and patient care technology, visit our website
www.gi-excellence.com.