CONSENT FOR STOMACH ENDOSCOPY

Purpose of Examination	The examination is to diagnose any possible abnormalities in esophagus, stomach, and duodenum, such as any inflammations, ulcers, polyps and cancer.
Cautions	1) Please make sure that you have to fast more than 8 hours before examination. 2) Any gastrointestinal medications, diabetes medications, and insulin shots are prohibited before the examination. 3) Take medications for hypertension 4 hours before the examination. 4) Please take off denture before the procedure.
Possible Complications	You might have some abdominal pain and bloating after the examination. Rarely, a fever, sepsis, bleeding, perforation, dyspnea, hypotension, arrhythmia, and shocks can occur.

Cases which require cautions during endoscopy (Answer correctly)	**Yes**	**No**
Hypersensitiveness to medications or food (Antibiotic, anesthetic, egg, bean, sulfites, sulfonamide)		
Cardiovascular diseases (Angina pectoris, myocardial infection, arrhythmia)		
Kidney diseases (Chronic glomerulonephritis, renal failure)		
Liver diseases (Chronic hepatitis, alcoholic hepatitis, hepatic cirrhosis)		
Respiratory diseases (Sleep apnea, asthma, chronic obstructive pulmonary disease, severe snoring, a cold)		
Benign prostatic hyperplasia		
Glaucoma		
Hypertension		
Diabetes		
Thyroid diseases		
Anticoagulant medications (Aspirin, Wafarin, Clopidogrel)		
Chin joining abnormality (Malocclusion, trismus, small jaw)		
Neck abnormality (Cervical herniated disc, rheumatoid arthritis)		
Oral abnormality (Shaking teeth, tonsillar hypertrophy, dental implant)		
Denture		
Pregnancy / Possibility to pregnancy / Breast feeding		

Stomach Endoscopy History	
Surgery History (e.g. abdominal surgery)	

During the examination, a biopsy and any additional test might be needed for an accurate diagnosis. It will incur additional costs.

I have been fully informed about the necessity, nature, possible complications of the stomach endoscopy, and I fully understand there are risks of a complication beyond human control or any unexpected accidents caused by idiosyncrasy. I hereby consent to performing the stomach endoscopy.

Date: (mm/dd/yyyy)

Examinee: (Signature)

Relationship to the examinee:

Parent/Guardian: (Signature)