

*Gastroenterology Consultants of Louisville*

I CONSENT TO HAVING THE SMARTPILL CAPSULE MOTILITY PROCEDURE.

The SmartPill Capsule Motility procedure is a new motility exam of the gastrointestinal tract. SmartPill measures pH, pressure and temperature from within the entire GI tract and is not a replacement for endoscopy.

I understand that there are risks associated with any capsule motility procedure. One such risk associated with the capsule motility procedure includes the risk related to non-passage of the Capsule through the GI tract. This can occur when a patient has an obstruction. Such an obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that data obtained from my capsule motility procedure may be used, under complete confidentiality, for educational purposes in future medical studies.

Dr. \_\_\_\_\_ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I authorize Dr. \_\_\_\_\_ to perform the SmartPill capsule motility procedure.

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Patient Name (please print) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

In presence of:      Spouse: \_\_\_\_\_      Companion: \_\_\_\_\_  
                                 Patient: \_\_\_\_\_      Patient Alone: \_\_\_\_\_