



COMPREHENSIVE GASTROINTESTINAL HEALTH BRAVO CAPSULE PLACEMENT CONSENT FORM

NAME: _____

PROCEDURE DATE: _____ PROCEDURE TIME: _____

INITIAL
HERE

I, _____ (patient or guardian) give consent for Dr. _____
or his/her associates to perform an endoscopy with possible BRAVO capsule placement.

The BRAVO capsule is placed in your esophagus during the examination of your esophagus using an instrument especially designed for this purpose. You will be given detailed instructions on what you should do during the next 96 hours while the capsule information is being recorded.

The BRAVO requires you to wear a recording device for a specialized period of time. You will be instructed to return the recording device by a certain date (usually after 96 hours) so that your information can be reviewed by your physician. Failure to return this device will result in an incomplete diagnostic test and we will be obligated to charge you for the device the cost of which could exceed \$8,000. A late charge of \$100 will be assessed for each additional day the device is not returned.

There are some RISKS that are related to this procedure, and they include, but are not limited to:

- a. Perforation, hemorrhage, aspiration, fever, infection, hypertension, respiratory arrest, and cardiac arrhythmia or arrest.
- b. Complications associated with the BRAVO capsule insertion include premature detachment of the capsule, failure of the capsule to slough off in a timely period, or discomfort associated with the capsule requiring endoscopic removal.
- c. Although extremely rare, the BRAVO recording device can fail to work correctly which may require a repeat exam.

I understand that there are no guarantees regarding the results of this procedure regarding BRAVO capsule placement. Alternative options as deemed medically relevant have been discussed.

I understand that I am restricted from having an MRI (Magnetic Resonance Imaging) test for 60 days after the procedure.

I understand that the quote of benefits or authorization does not guarantee payment or verify eligibility. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member's contract at the time of service. The max out-of-pocket cost is \$600.00.

I have read and fully understand the educational materials associated with BRAVO capsule insertion.

I have read and fully understand this consent form and understand that I should not sign if all of my questions have not been answered to my satisfaction or if I do not understand any of the words or terms used in this form.

If you have any questions as to the risks or hazards of the proposed procedure or treatment, ask your physicians now, before signing this consent form. **Do not sign unless you have thoroughly read and thoroughly understand this form.**

PATIENT/LEGAL REPRESENTATIVE SIGNATURE: _____

DATE: _____ **TIME:** _____

WITNESS SIGNATURE: _____

DATE: _____ **TIME:** _____

