



CONSENT FORM FOR VELACUR™ PROCEDURE

WHAT IS VELACUR™?

Velacur™ is a non-invasive liver imaging tool. It provides measurements of elasticity (the amount of tissue stiffness) and attenuation (the amount of liver fat). Together these measurements, along with other clinical indicators, can aid your doctor in managing your liver disease.

WHAT TO EXPECT DURING THE SCAN?

The Velacur™ liver scan is a quick, comfortable, and non-invasive procedure typically performed in a physician's office. Your physician, or a trained technician, will have you lie down on an examination table and then place a small activation pad that gently vibrates under the right side of your back. An ultrasound probe is placed on your skin between your ribs to scan your liver.

WHAT ARE THE BENEFITS VS. RISKS?

The Velacur™ procedure is similar to standard diagnostic ultrasound in that it is a non-invasive exam (no needles or injections). There is no radiation and it has no known harmful effects. It provides real time imaging and can visualize the structure and function of your liver, providing your physician with real-time measurements of liver stiffness and attenuation.

- **Please inform your care team if you have any type of implanted devices, such as pacemakers, internal defibrillators, cochlear implants, or nerve stimulators.**
- **Please also inform your care team if you are pregnant or think you might be pregnant.**

WILL THIS BE COVERED BY INSURANCE?

We will bill any accepted insurance you have on file with us. Comprehensive Gastrointestinal Health cannot guarantee that your insurance company will cover the entire cost of the test. Due to this, we will limit the maximum out-of-pocket expense to be at \$250.00.

ARE THERE ALTERNATIVE PROCEDURES?

Alternative procedures to Ultrasound include Magnetic Resonance Imaging (MRI), which uses magnetic fields and radio waves to generate images of the organs in the body.

I certify that I understand the procedure and that I have been fully informed of the risks, benefits and alternatives for the procedure. I hereby authorize and permit the following physician or designated operator to perform the Velacur™ scan on me:

(Physician or designated trained operator)

Patient name: _____

Date: _____

(Signature of patient or person legally authorized to consent for patient)
