Holly Endoscopy Clinic
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Endoscopy Consent Form

I (print name clearly): _____

hereby authorize Dr. _____

to perform a:

☐ Colonoscopy ☐ Gastroscopy ☐ Flexible Sigmoidoscopy

1. I understand the nature of the procedure and the sedation given. Possible complications and risks involved are described in the information documents provided to me, which include bleeding and perforation, and I have been given the opportunity to ask the appropriate person questions and have received answers to my questions.
2. I acknowledge that if I choose to have sedation, you have advised me not to drive a motor vehicle for 24 hours following the procedure and I agree that I will not do so. I further acknowledge your advice that I must bring a responsible adult with me who can escort me home from the clinic. I acknowledge that you have recommended that such responsible adult stay with me for the 4 hour period following the procedure. If I choose not to follow such advice and recommendations, I acknowledge that I may be putting myself and others in danger and as additional consideration for your agreement to perform the procedure, I hereby release and forever discharge the said physician named, 2189808 Ontario Limited operating as Holly Street Endoscopy Clinic, from any and all claims, causes of action, suits, costs.
3. I consent to the removal of tissue for diagnosis and/or treatment if indicated.
4. If any unforeseen conditions arise in the course of the procedure, I further request and authorize the physician named above to do procedures in addition to or different from those now contemplated, if in the physician's best judgment he/she deems it advisable.
5. I acknowledge that colonoscopy is "state of the art" in the prevention of colon cancer but has its limitations. While it happens very infrequently, small "lesions" such as polyps can be missed, especially if the preparation of the colon has been less than satisfactory.

I acknowledge that I have read and fully understand the above consent:

Patient Signature: _____
(Translator/or substitute Decision Maker)

I confirm that I have explained the procedure and its complications and answered all questions:

Doctor Signature: _____ Date: DD / MM / YYYY