Northwell Health Physician Partners | Westchester Health

WESTCHESTER HEALTH MEDICAL

60 Goldens Bridge Road, Katonah, NY 10536
Phone: (914) 269-9632

Consent for Diagnostic and /or Therapeutic Procedures

Date: _____

Patient Name: _____ DOB: _____

PHYSICIAN'S STATEMENT:
I have explained to the indicated patient (or person authorized to consent for the patient) the nature of the conditions(s) indicated by the diagnostic study. In addition to advising of medically significant alternative modes of treatment or diagnosis, if any, I have explained in layman's terms, the risks, complications and consequences which are or may be associated with the procedures or treatment. The patient or other individual whose signature is shown has indicated his/her understanding, has consented to the performance thereof, and has stated that no further explanation was desired.

PATIENT'S STATEMENT:
I, the undersigned, do understand and hereby authorize:
☐ Elie Abemayer, MD ☐ Steven Silverman, MD ☐ Anthony Sgouros, MD
And his assistants to perform upon myself the following procedure(s):

PROCEDURES:
☐ **Colonoscopy, Possible Biopsy, Possible Polypectomy**
Procedure in Layman's terms: insert lighted instrument into large bowel for examination. Take tissue sample(s). Remove abnormal tissue growths (polyps).

☐ **Esophagogastroduodenoscopy, Possible Biopsy, Possible Polypectomy**
Procedure in Layman's terms: Insert lighted instrument into stomach through the mouth for examination of the esophagus, stomach and small bowel. Take tissue samples(s). Remove abnormal tissue growths (polyps).

☐ **Flexible Sigmoidoscopy, Possible Biopsy, Possible Polypectomy**
Procedure in Layman's terms: insert lighted instrument into lower portion of the large bowel for examination. Take tissue sample(s). Remove abnormal tissue growths (polyps).

_____
Patient or Legal Guardian Signature Date

_____
Physician Signature Date

I, _____, acknowledge that this procedure may pose a risk to a fetus. Pregnancy testing has been offered to me prior to the procedure(s).

☐ I declined testing ☐ I accepted testing ☐ N/A

Patients Initials _____