DR. ANDREW MERRETT

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GASTROSCOPY INFORMATION AND CONSENT FORM v. March 2015

Name: (please print)	Date of birth:	-
Address:		_
Appointment: date:	time:	
Location: Linacre Private Hospit	tal, Day Surgery Unit, 12 Linacre Road, Hampton. Enqu	iries to: 9867 5585
The Gastroscopy Test:		
including ulcers and cancer. Gastr swallowing the tube is usually pai screen. Often samples (biopsies) o	nded to inspect the interior of your oesophagus, stomac roscopy involves swallowing a thin flexible tube. With the inless and easy. A micro camera in the tube allows a piof approximately 3 mm in diameter are taken from various duodenum. These samples are later examined under	e assistance of the anaesthetic cture to be shown on a video s sites to determine the health
Preparation: For accurate examination to be essential that:-	e achieved the upper gastroenterological tract mus	t be empty. Therefore it is
	y food for ten hours prior to the procedure water until 6.30 am on the day of the procedure th	nen fast i.e. take nothing by
On the day of gastroscopy bring wi	th you this form signed, private health insurance details a	nd your Medicare Card.
Risks of Gastroscopy:		
small risk of reactions to the drugs. Other diseases including diabetes,	n to ensure that the procedure is as comfortable as possible. This may be more significant if you have another medica heart or kidney disease or the use of anticoagulant therapy of these or other serious diseases are suffered a formal considure.	ıl condition. y "blood thinners" may
gastroscopy but fortunately are ve	s including perforation (the endoscope making a hole) ha ery rare. If you wish to discuss the risks of gastroscopy o o discuss these or any related issues further with Dr. Merr	r the procedure please do not
Following your Gastroscopy:		
You will need to arrange fo	or operate machinery until the day after your test. or a friend or relative to escort you home. ign legal documents or make important decisions until the	following day.
I have read and understand this inf	formation.	
I wish to proceed with the gastrosc	copy test and the associated anaesthetic.	
Signed:		
Name: (please print)		Date:
Witness: Name:		
Signature:		Date: