

Consent Form
ERCP

I,
of
.....
.....

hereby consent
(or hereby consent to the submission of my child/ward)

to the procedure of: **Endoscopic Retrograde Cholangiopancreatography (ERCP) +/-
Sphincterotomy +/- Biliary Stenting**

the purpose of which has been explained to me in the document entitled:
"ERCP - Information for Patients".

I confirm that:

- I have read the document
- I have understood the information that has been given to me
- I understand that I will be given the opportunity to ask questions about the procedure
- I confirm that I am NOT pregnant

I also give consent for any necessary biopsies and for photographs or x-rays to be taken.

Signed (Patient/Parent) Date

Name of Patient/Parent.....(block capitals)

Please ensure that you bring this form with you.
You do not have to sign this before you attend
if you have further questions you would like answered.
Even if you have signed the form you are
under no obligation to proceed with the test.

To be completed by the Endoscopist
I confirm that the patient received written information about the procedure, including the
risks, and has been given the opportunity to ask any further questions.
Signed Date
Endoscopist/Medical Practitioner