

**Consent Form
Flexible Sigmoidoscopy**

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

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

to the procedure of: **Flexible Sigmoidoscopy +/- Polypectomy**
the purpose of which has been explained to me in the document entitled:
"Flexible Sigmoidoscopy - 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 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 has read the information booklet and has been given the
opportunity to ask any further questions.

Signed Date

Endoscopist/Medical Practitioner