CONSENT FOR LOWER GASTROINTESTINAL ENDOSCOPY

		A STATE OF THE STA			
1	May ladergo Lower Gastro	ililsen			
un	dergo Lower Corte	ointention of the	******************	hereby c	onsent to
th	at the endoscopy w	ill be performe	d by a nacticular	doctor I	given to me
	n given a sedative, I amination.	must not grive	or operate mac	hinery for 24 ho	ours after the
Sig	nature of Patient?.				
Da	te: 23 - 03 -	18		in the second	
Ga:	onfirm that I have extrointestinal Endos	xplained to the copy.	patient the nati	ure effect of Lov	wer
Sign	nature of Witness: .		•	1	
Dat	e:	************	***************************************	••••••	
	λe ²	- 1			
			Pulse:	104	
			BP:	10 4 0 1 90 mm	4.
				1 / 0 mm	149