

CONSENT FOR LOWER GASTROINTESTINAL ENDOSCOPY

I Mary Wilson hereby consent to
undergo Lower Gastrointestinal Endoscopy. No assurance has been given to me
that the endoscopy will be performed by a particular doctor. I understand that if I
am given a sedative, I must not drive or operate machinery for 24 hours after the
examination.



Signature of Patient:
Date: 23 - 03 - 18

I confirm that I have explained to the patient the nature effect of Lower
Gastrointestinal Endoscopy.

Signature of Witness:
Date:

Pulse: 104

BP: 50/90 mmHg