

**Your consent**

Your signature on this document confirms that before undergoing a

**gastroscopy / coloscopy / bronchoscopy / ERCP**

(delete as appropriate)

you have received all the necessary information, both in writing and orally, by asking your attending physician any additional questions you may have.

By signing this form, you declare that you have been informed, both in writing and orally, about the different aspects of this examination and the possible complications it involves.

You also give your consent that the examination be carried out.

Patient’s name :

Date :

Patient’s signature :

Please date and sign this form and hand it in to the care team of the examinations unit. It will be kept in your medical record.