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Capsule Endoscopy Preparation

Patient Instructions for Undergoing Capsule Endoscopy:

Your physician has determined that as part of your medical evaluation you should undergo an examination known as Capsule Endoscopy. This procedure involves ingesting a small (the size of a large vitamin pill) Given® Imaging PillCam® Capsule which will pass naturally through your digestive system while taking pictures of the intestine. The images are transmitted to the Given recorder.

The Given® DataRecorder™ saves all the images. It is located in the RecorderBelt™, which is worn around your waist. After 8 hours, return to the office. Staff will remove the RecorderBelt. The PillCam Capsule is disposable and will be excreted naturally in your bowel movement. In the rare case that it will not be excreted naturally, it may need to be removed endoscopically or surgically. In order for your physician to get the most accurate information from this examination, you will need to follow the instructions below:

The Day before Capsule Endoscopy:

1. You may have a light breakfast consisting of a poached egg, white toast and coffee or tea without milk or nondairy creamer by 8am.
2. Beginning at **noon** the day before the Capsule Endoscopy examination, start the clear liquid diet your physician prescribed.
3. At 6 p.m. take one (1) ten (10) ounce bottle of Citrate of Magnesium.
4. From 8 p.m. the evening before Capsule Endoscopy, do not eat or drink except for necessary medication with a sip of water.
5. Do not take any medication beginning 2 hours before undergoing Capsule Endoscopy.
6. Abstain from smoking 24 hours prior to undergoing Capsule Endoscopy.

Day of Capsule Endoscopy:

1. Do not EAT or DRINK. Do not take medication 2hrs before visit.
2. Arrive at your physician's office at the prescribed time for your Capsule Endoscopy dressed in loose fitting, two-piece clothing.
3. At your physician's office, you will have a pre-procedure interview. During this interview you should be informed that Capsule Endoscopy is associated with a small chance of intestinal obstruction. You will be checked-in and asked to give your informed consent.
4. The Data Recorder, will be in a belt around your waist. After that you will be instructed to ingest the PillCam Capsule.

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After Ingesting the PillCam® Capsule:

1. After ingesting the PillCam Capsule, do not drink for at least 2 hours and after 4 hours you may have a light snack. After the examination is completed, you may return to your normal diet. The above instructions related to eating apply, unless your physician specifies otherwise. Contact your physician immediately if you suffer from any abdominal pain, nausea or vomiting during Capsule Endoscopy.
2. After ingesting the PillCam Capsule and until it is excreted, you should not be near any source of powerful electromagnetic fields such as one created near an MRI device or amateur (hand) radio.
3. Occasionally, some images may be lost due to radio interference (e.g. from amateur radio transmitter, MRI, etc.). On rare occasions this may result in the need to repeat the Capsule Endoscopy examination. In this case, the physician will advise you to stay within the premises of the clinic during the Capsule Endoscopy to prevent this problem from recurring.
4. Capsule Endoscopy lasts approximately 8 hours and is considered complete according to your physician's instructions. Do not disconnect the equipment or remove the belt at any time during this period. Since the DataRecorder is actually a small computer, it should be treated with utmost care and protection. Avoid sudden movement and banging of the DataRecorder.
5. During Capsule Endoscopy, you will need to verify every 15 minutes that the small light on top of the DataRecorder is blinking twice per second. If, for some reason it stops blinking at this rate, record the time and contact your physician. You should also record the time and nature of any event such as eating, drinking, your activity and unusual sensations. Return the Event Form with these notes to your physician at the time you return the equipment.
6. Avoid any strenuous physical activity especially if it involves sweating and do not bend over or stoop during Capsule Endoscopy.

PLEASE NOTE THAT THIS DATA RECORDER IS A VALUABLE PIECE OF EQUIPMENT AND CHARGES MAY APPLY IF LOST OR MISPLACED

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After Completing Capsule Endoscopy:

1. You will be instructed by your physician on how to return the equipment at the end of Capsule Endoscopy. If you were instructed to remove the equipment by yourself, do the following: (a) Disconnect the SensorArray from the DataRecorder; (b) Take off the RecorderBelt (with the DataRecorder and Battery Pack); (c) Disconnect the Battery Pack from the DataRecorder (d) Place DataRecorder and Battery Pack in a safe place. To remove the SensorArray from your abdomen, do not pull the leads of the SensorArray! Peel off each adhesive sleeve starting with the no adhesive tab without removing the sensor from the adhesive sleeve. Place the SensorArray with the rest of the equipment.
2. The DataRecorder stores the images of your examination. Handle the DataRecorder, RecorderBelt, SensorArray and Battery Pack carefully. Do not expose them to shock, vibration or direct sunlight, which may result in loss of information. Return all of the equipment to your physician's office as soon as possible.
3. If you did not positively verify the excretion of the PillCam Capsule from your body, and you develop unexplained post procedure nausea, abdominal pain or vomiting, contact your physician for evaluation and possible abdominal X-ray examination.
4. Undergoing an MRI while the capsule is inside your body may result in serious damage to your intestinal tract or abdominal cavity. If you did not positively verify the excretion of the PillCam® Capsule from your body, you should contact your physician for evaluation and possible abdominal X-ray before undergoing an MRI examination.

If you have additional questions, call 914-683-1555

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Consent Form for Capsule Endoscopy

I CONSENT TO HAVING CAPSULE ENDOSCOPY.

Capsule endoscopy is a new endoscopic exam of the small intestine. It is not intended to examine the esophagus, stomach, or colon. It does not replace upper endoscopy or colonoscopy.

I understand that there are risks associated with any endoscopic examination, including but not limited to PILL RETENTION and BOWEL OBSTRUCTION. An obstruction may require immediate surgery.

I am aware that I should avoid MRI machines during the procedure and until the capsule passes following the exam.

I understand that due to variations in a patient's intestinal motility, the capsule may only image part of the small intestine. It is also possible that due to interference, some images may be lost and this may result in the need to repeat the capsule procedure.

I understand that images and data obtained from my capsule endoscopy may be used, under complete confidentiality, for educational purposes in future medical studies.

Dr. _____ has explained the procedure and its risks to me, along with alternatives of diagnosis and treatment, and I have been allowed to ask questions concerning the planned examination.

I authorize Dr. _____ to perform capsule endoscopy.

Patient's Name (please print)

Patient's Signature

Date

In presence of:

Spouse _____ Companion _____ Parent _____ Patient Alone _____

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Capsule Endoscopy Payment Arrangements

This is very important. Please read this thoroughly.

Benefits and limitations of insurance companies and health care plans vary widely. In order to avoid confusion and misunderstandings, we have outlined the following payment arrangements.

1. Payment is expected prior to the start of the examination.
2. In addition, the office requires a credit card deposit to cover the cost of the recording device and the belt. This will be returned upon return of the equipment.
3. The office will provide the procedure code prior to the exam, but the office is not responsible for pre-certifying this examination, the office will provide a claim form that you can send to your insurance company after the procedure.
4. The office accepts Visa, Mastercard, certified checks, and money orders. Unfortunately, we do not accept personal checks.
5. Please be aware that the Digestive Disease and Nutrition Center is not responsible for determining your insurance company's "usual", "customary", "reasonable", or "prevailing" fee schedules. The Digestive Disease and Nutrition Center is not responsible for negotiating payments from your insurance company.
6. The fee for the Capsule Endoscopy is \$1750.00. This fee includes the cost of the one-time use, disposable capsule (\$500.00), the computer workstation, the recording device, staff costs, as well as the physician's time involved in analyzing the 50,000 images obtained during the 8-hour recording time.
7. By signing below, you agree to all of the statements above.

Patient's Name (please Print)

Patient's Signature

Date

For Office Use Only:

- Date Scheduled _____ at _____
- Patient Consent Form Signed
- Insurance Pre-Certification
- Medical Necessity Letter
- Capsule Deposit
- Capsule Lot# _____ Serial Number _____

Initials: _____

Initials: _____

Initials: _____

Initials: _____

Initials: _____

Initials: _____