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Patient's consent to the medical procedure s
(Colonoscopy) conduction

Name, surname _____
Personal code _____

I (or the patient's guardian) _____ with my signature acknowledge that I have received information provided by the medical nurse / doctor on the follow-up examination.

I have been informed that in rare cases during the examination unforeseeable circumstances can develop that might change its course.

I have been informed that in rare cases during the examination complications can appear (expressed as abdominal pain, bleeding, rupture of organs), which must be treated at a hospital or which treatment requires surgical intervention.

I have been informed that in the course of examination the doctor will use sedative medications, which affect working and concentration capacity, therefore I agree that for 12 hours after sedation (injection of medication) I will not drive vehicles, as well as will not do any activities that require concentration or might endanger my or my neighbours health and life, will not work with dangerous, mechanical and electrical devices, will not sign documents, will not use alcohol.

I have been informed of the examination, consultation prices and I am ready to cover thereof in the established amount and manner.

I have received one examination description in person.

Signature_____ Date _____time____