

Ata Moshyedi, MD.
Radman Mostaghim, MD, PhD.
Sushil Rattan, MD.

Gastroenterology

7305 Hanover Parkway, Suite A, Greenbelt, MD 20770
Tel: 301-982-7900, Fax: 301-982-4465

Doctor to patient procedure agreement

On _____ (Today's date)

Patient (name) _____ was seen in the office (Dr. Ata O. Moshyedi, M.D. Radman Mostaghim M.D and their associates). It was determined that the above patient needs to be schedule for the following procedure

- Colonscopy,
- Endoscopy (EGD),
- Colonoscopy & EGD
- Abdominal Paracentesis
- Percutaneous Liver Boipsey,
- Gastrostomy Tube Replacement,
- Gastrostomy Tube Removal,
- Percutaneous Endoscopic Gastrostomy (PEG),
- Esophageal dilation
- Pyloric dilation
- Capsule Endoscopy
- Hemorrhoid banding
- other _____.

Today the above patient received a copy of instruction for the scheduled procedure that the patient is planning to have performed. By signing this agreement the patient is agreeing that they received a copy of an instruction packet, along with a clear explanation of all the necessary requirements that are needed prior to this procedure.

The above patient is also aware that if he/she has further questions in regards to preparation to contact the office immediately and speak with office personnel.

The Procedure indications, potential complications including bleeding, perforation, infection, adverse medication reaction and alternatives and benefits of the procedures have been explained to the patient.

Signature of Patient _____ Print name : _____

Signature of Office Personal _____ Print name: _____

Signature of physician: _____ Date _____