

Capsule Endoscopy Belt and Receiver

I, _____, agree to follow instructions given on the use of the Capsule Endoscopy Belt and Receiver. Instructions include the date and time the belt and receiver must be returned to the Granite Peaks Gastroenterology's Clinic. Failure to return the Capsule Endoscopy Belt and Receiver will delay the reading of my test results and may result in my being charged additional fees.

Signed: _____

Date: _____