



Online Video Completion Confirmation

Medical Record # _____

I, _____, have reviewed and understand the content in the online
(Patient Name)
video at www.wilmingtongi.com for my scheduled procedure.

Please check the video(s) below that you watched and fill in the date and time you viewed the video.

- | | | |
|---|-------------|-------------|
| <input type="checkbox"/> Colon Cancer Screening | Date: _____ | Time: _____ |
| <input type="checkbox"/> Colonoscopy | Date: _____ | Time: _____ |
| <input type="checkbox"/> EGD | Date: _____ | Time: _____ |
| <input type="checkbox"/> ERCP | Date: _____ | Time: _____ |
| <input type="checkbox"/> Flexible Sigmoidoscopy | Date: _____ | Time: _____ |
| <input type="checkbox"/> Capsule Endoscopy | Date: _____ | Time: _____ |

By signing this form below, you are acknowledging that you viewed your procedure preparation video in its entirety on our website.

Our office will contact you regarding the rest of your procedure preparation instructions and to answer any questions you may have about your procedure.

(Patient Signature)

(Date)

(Printed Name)

**** MAKE SURE TO BRING THIS FORM BACK WITH YOU ON THE DAY OF YOUR SCHEDULED PROCEDURE****

The information video is part of your consent process. Failure to return this completed form may result in a delay on the day of your procedure.