

# DR CHRIS DESMOND

## Gastroenterologist

MBBS (Hons) FRACP

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I, .....(please print) have received a copy of "Colonoscopy Information" from Dr. Christopher Desmond's practice. I have read and understood the risks and complications of the colonoscopy procedure.

Signed:.....Dated:.....

Please sign and return this form to Dr Desmond's rooms prior to your procedure, or to Dr. Desmond at the time of your procedure. Would you please note that this form **MUST BE SIGNED** for the procedure to be performed.