

Consent for Gastrointestinal Health Evaluation

Date: _____

To Whom It May Concern,

I, **[Patient's Name]**, born on **[Date of Birth]**, hereby give my consent for a gastrointestinal health evaluation. I understand that this evaluation may include various diagnostic tests and procedures as deemed necessary by the healthcare provider.

I have been informed about the nature of the evaluation, its potential risks, and benefits. I understand that I have the right to ask questions and withdraw my consent at any time.

By signing this document, I confirm that I am of legal age to provide consent, or that I have obtained consent from a legal guardian if I am a minor.

Signature: _____

Print Name: _____

Date: _____

Contact Information:

Phone: _____

Email: _____