



Online Video Completion

I, (patient name), have viewed and understand the online 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: _____ |

By signing this form below you are acknowledging that you viewed your procedure preparation video via 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

Patient Printed Name