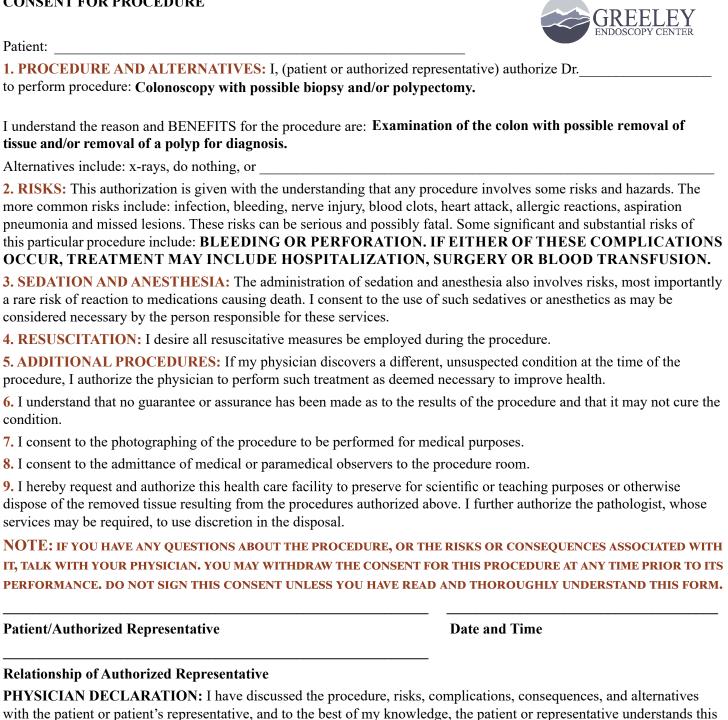
COLONOSCOPY CONSENT FORM

CONSENT FOR PROCEDURE



Physician's Signature

information and consents to the proposed procedure.