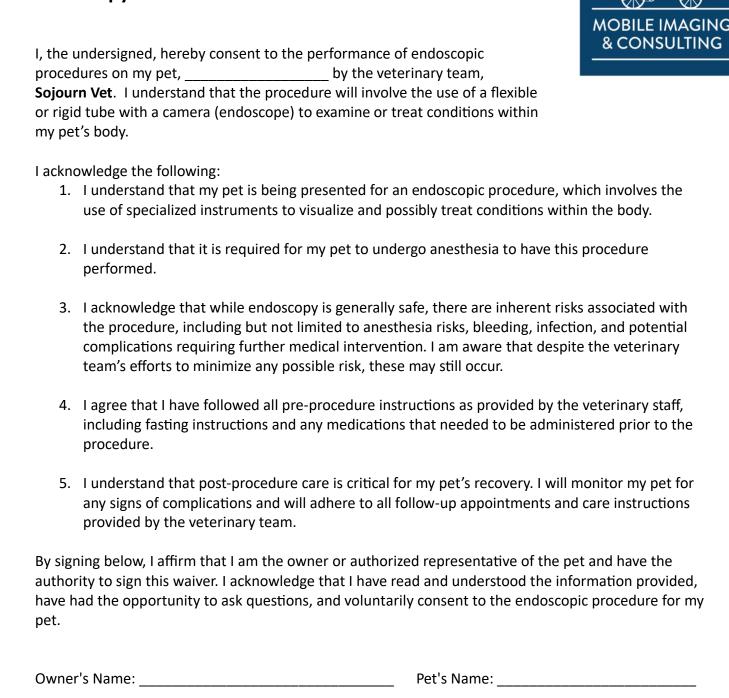
## **Endoscopy Consent and Waiver Form**

Signature: \_\_\_\_\_



Date: