



Paragon Medical Building, Suite 208, St. Thomas, USVI 00802
 p. 340-714-1122 f. 340-715-4313

Capsule Endoscopy Event Form

Patient Name:		ID No:
Time	Event (eating, drinking, activity and unusual sensations)	
	PillCam capsule ingestion	
Time of return to facility: _____		Special Instructions:
Contact in case of need:		