

McLaren Print System Order

Order No: 52733 Reprint Previous Order No: 8641
 Order Date: 2020-02-20
 User: Lisa Ardanowski
 Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
 501 S. Ballenger Hwy
 Flint, MI 48532

Forms

Quantity: 500
 Paragon Dept No: 30014
 Dept Name: Surgery and Endoscopy Center Pain Clinic
 Company Number: 60

Order Total Price: 94.75

Item Number: 17025-6
 Item Description: Endoscopy Report
 Revision Date: 1/2016
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

MCLAREN SURG
 PAIN SERVICES
ENDOSCOPY REPORT

DIAGNOSTIC
 ELECTIVE
 THERAPEUTIC
 EMERGENCY

All BOLD Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.

GASTROENTEROLOGIST _____ DATE _____

HISTORY HEMATEMESIS MELENA HEMIA MASS LESION ULCER UNEXPLAINED PAIN
 HEMITOCHEZIA DIARRHEA FAMILY HISTORY OF CA INFLAMMATORY BOWEL DISEASE
 OTHER _____

(LT)	SALICIN	MIFEPRISTONE	MUCOLAR-HCL
	mg	mg	mg

OTHER BY SUR name _____

ESOPHAGUS: NORMAL ESOPHAGITIS HIAL HERNIA REFLUX SCHWARTZ'S RING CARCINOMA
 VARICES
 OTHER _____

STOMACH: NORMAL GASTRITIS ULCER POLYPS LYMPHOMA CARCINOMA VARICES
 Stricture Strang HYPERGASTRIC
 Erosive Malignant
 Superficial
 OTHER _____

DUODENUM: NORMAL DUODENITIS ULCER POLYPS
 OTHER _____

RECTOSIGMOID: _____
 (DESCENDING)
 TRANSVERSE
 ASCENDING
 CECUM
 SILEXUM

NORMAL	INFLAMMATION	POLYP	CARCINOMA
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PROCEDURE

PRE-OPERATIVE DIAGNOSIS: _____

ENDOSCOPIC DIAGNOSIS/GROSS FINDINGS: _____

No blood loss unless noted _____
 No specimen removed unless noted _____

Complications: _____

NO ASSISTANT(S) UNLESS NOTED: _____

SIGNATURE OF PHYSICIAN: _____ W.D.S.O. SAFE/TIME _____

Original - Medical Record
 1st Copy - Histology/Pathology
 2nd Copy - Gastroenterology Section

ENDOSCOPY REPORT
 Form 1-16-12014

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