

McLaren Print System Order

Order No: 7437
 Order Date: 2014-12-02
 User: Paul Link
 Phone: 342-2002

Ship Location: **MCLAREN FLINT 3 CENTRAL ENDOSCOPY LAB**
401 S BALLENGER HWY
FLINT, MI 48532

Forms
 Quantity: 1000
 Paragon Dept No: 30350
 Dept Name: GI/ Endo
 Company Number: 60

Order Total Price: 178.50

Item Number: 17026
 Item Description: Upper Gastrointestinal Tract Endoscopy Report
 Revision Date: 8/2012
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

MCLAREN FLINT
 FLINT MICHIGAN

UPPER GASTROINTESTINAL TRACT ENDOSCOPY REPORT

Date _____

Patient Age _____ Patient Sex Male Female Referring Physician _____

DIAGNOSTIC ELECTIVE
 THERAPEUTIC EMERGENCY

GASTROENTEROLOGIST _____ DATE OF PREVIOUS STUDY _____

HISTORY HEMORRHOIDS MELENA ANEMIA MASS LESION ULCER UNEXPLAINED PAIN
 OTHER _____

STUDY REPORT _____ DATE OF STUDY _____

INSTRUMENT GP-IBS VIDEOSCOPE GP-ASB VIDEOSCOPE OTHER _____

MEDICATIONS 2% Povidone Iodine 1% VISCOCARB SPRAY MILICON 5ml p.p.s. Lubricate Jelly

	GAUSTRIM	MEYFONINE	BRACALIMINIL	SPRINTY (if name)
TV	()	()	()	()
ESOPHAGUS	()	()	()	()

ESOPHAGUS: NORMAL ESOPHAGITIS HIASUS HERNIA REFLUX SCHLICKER'S RING CARCINOMA
 VARICES
 OTHER _____
 LOCATION _____
 SITE _____

STOMACH: NORMAL GASTRITIS ULCER POLYPS LYMPHOMA CARCINOMA VARICES
 Atrophic Benign HYPERPLASIA
 Erosive Malignant
 Superficial
 OTHER _____
 LOCATION _____
 SITE _____

DUODENUM: NORMAL DUODENITIS ULCER POLYPS
 OTHER _____
 LOCATION _____
 SITE _____

Procedure: _____

Findings: _____

No blood loss unless noted _____

Post procedure of condition _____

Complications _____

ENDOSCOPIC DIAGNOSIS _____

SIGNATURE: _____ M.D./D.O. Date/Time _____

Regular - Medical Record
 1st Copy - Mclaren Physician
 2nd Copy - Gastroenterology Section
 UPPER GASTROINTESTINAL TRACT ENDOSCOPY REPORT
 2006