

UPPER GASTROINTESTINAL TRACT ENDOSCOPY REPORT

Date _____

Patient Age _____ Patient Sex Male Female Referring Physician _____

- DIAGNOSTIC ELECTIVE
 THERAPEUTIC EMERGENCY

GASTROENTEROLOGIST: _____ DATE OF PREVIOUS STUDY _____

HISTORY HEMATEMESIS MELENA ANEMIA MASS LESION ULCER UNEXPLAINED PAIN
 OTHER _____

X-RAY REPORT: _____

INSTRUMENT: GIF-180 VIDEOSCOPE GIF-N180 VIDEOSCOPE OTHER _____ DATE OF X-RAY: _____

MEDICATIONS: 2% PONTOCAINE 10ml 10% XYLOCAINE SPRAY MYLICON 5ml p.o. Lidocaine Jelly

	DIAZEPAM	MEPERIDINE	MIDAZOLAM HCL		GIVEN BY: (full name)
	mg.	mg.	mg.	mg.	
I.V.	mg.	mg.	mg.	mg.	

ESOPHAGUS: NORMAL ESOPHAGITIS HIATUS HERNIA REFLUX SCHATZKI'S RING CARCINOMA
 VARICES

OTHER _____
 LOCATION _____ SIZE _____

STOMACH: NORMAL GASTRITIS ULCER POLYPS LYMPHOMA CARCINOMA VARICES

- Atrophic Benign HYPERTROPHY
 Erosive Malignant
 Superficial

OTHER _____
 LOCATION _____ SIZE _____

DUODENUM: NORMAL DUODENITIS ULCER POLYPS

OTHER _____
 LOCATION _____ SIZE _____

HATUS HERNIA
INCOMP.
NORMAL
MISC.
LYMPHOMA
VARIX
RUGOSE
CARCINOMA
ITIS
POLYP
ULCER
ELCT. VS. EMERG.
DIAG. VS. THER.

	PHOTOS	
	Yes	No
B I O P S Y		
B R U S H I N G S		
D I L A T A T I O N S		

Procedure: _____

Findings: _____

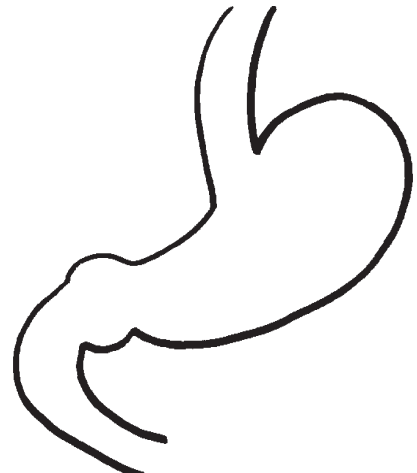
No blood loss unless noted:

Post procedure pt. condition: _____

Complications: _____

ENDOSCOPIC DIAGNOSIS _____

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



	YES	NO
	SCLEROTHERAPY	
POLYPECTOMY		
BICOAG		

Original - Medical Record
1st Copy - Attending Physician
2nd Copy - Gastroenterology Section

UPPER GASTROINTESTINAL
TRACT ENDOSCOPY REPORT
17026 Rev. 8/2012



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PT.

MR.#/RM.

DR.