



GREATER LANSING

Endoscopy Department

Acknowledgment of Receipt of Discharge Instructions

I have received and understand the Endoscopy Department Discharge Instructions for the following procedure(s).

- Colonoscopy
- EGD
- Sigmoidoscopy
- Bronchoscopy
- Other: _____

Patient / Family / Responsible Adult Signature

Date / Time

Relationship to Patient

Nurse Signature

Date / Time



780