

McLAREN FLINT  
FLINT, MICHIGAN  
ENDOSCOPY REPORT

- DIAGNOSTIC
- ELECTIVE
- THERAPEUTIC
- EMERGENCY

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

GASTROENTEROLOGIST \_\_\_\_\_ DATE \_\_\_\_\_

HISTORY  HEMATEMESIS  MELENA  ANEMIA  MASS LESION  ULCER  UNEXPLAINED PAIN  
 HEMATOCHEZIA  DIARRHEA  FAMILY HISTORY OF CA  INFLAMMATORY BOWEL DISEASE  
 OTHER \_\_\_\_\_

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

ESOPHAGUS:  NORMAL  ESOPHAGITIS  HIATAL 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 \_\_\_\_\_

	NORMAL	INFLAMMATION	POLYP	CARCINOMA	
RECTOSIGMOID					
DESCENDING					
TRANSVERSE					
ASCENDING					
CECUM					
ILEUM					

**PROCEDURE:** \_\_\_\_\_

**PRE-OPERATIVE DIAGNOSIS:** \_\_\_\_\_

**ENDOSCOPIC DIAGNOSIS/GROSS FINDINGS:** \_\_\_\_\_

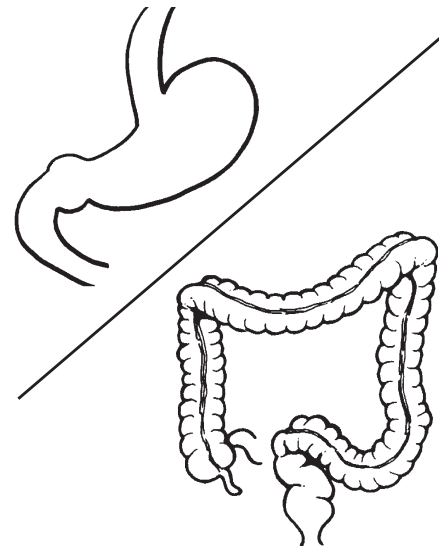
No blood loss unless noted: \_\_\_\_\_

No specimen removed unless noted: \_\_\_\_\_

Complications: \_\_\_\_\_

**NO ASSISTANT(S) UNLESS NOTED:** \_\_\_\_\_

**SIGNATURE OF PHYSICIAN:** \_\_\_\_\_ **M.D./D.O. DATE/TIME** \_\_\_\_\_



	YES	NO
SCLEROTHERAPY		
POLYPECTOMY		
BICOAG		

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

	Yes	No
PHOTOS		
BIOPSY		
BRUSHINGS		
DILATIONS		

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

**ENDOSCOPY REPORT**  
17025-6 Rev. 1/2016



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PT.  
MR.#/RM.  
DR.