

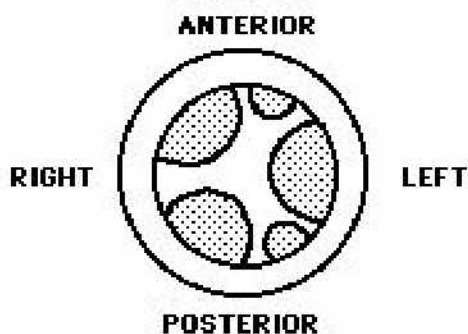
# LOWER G.I. ENDOSCOPY

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

## ANOSCOPIC RECTAL EXAM:

HEMORRHOIDS: YES: \_\_\_\_\_ NO: \_\_\_\_\_



OTHER: \_\_\_\_\_

STOOL EXAM FOR OCCULT BLOOD:  
POS: \_\_\_\_\_ NEG: \_\_\_\_\_

## ENDOSCOPIC EXAM:

MUCOSA: \_\_\_\_\_

DIVERTICULAE: \_\_\_\_\_

LESIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

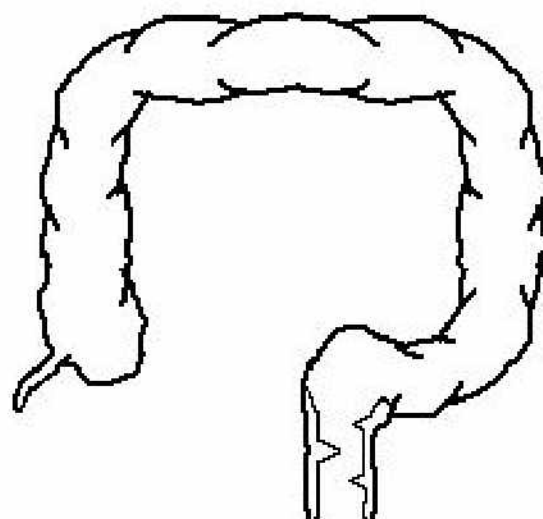
PATHOLOGY SENT TO LABORATORY:

YES: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN**

HISTORY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



BIOPSY: \_\_\_\_\_ POLYP/PAPILLOMA: \_\_\_\_\_

IMPRESSIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDED FOLLOW-UP EXAM:

3mo \_\_\_\_\_ 6mo \_\_\_\_\_ 1yr \_\_\_\_\_ 3yr \_\_\_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_