CapsoCam Plus Endoscopy Report

Hospital
123
street
city
123-456-7890
www.cityhospital.com

Patient ID: 12345
Patient Name: John

Patient Date of Birth: 10/15/1932

Physician Name: v&v Referring Physician: Ed

Procedure Date: 8/24/2018
Capsule SN: A0007E.503
Version: CapsoCam Plus

CLINICAL HISTORY

missing history

missing clinical history

PATIENT DATA

First Esophageal Image: Time: N/A, Frame: N/A
First Gastric Image: Time: N/A, Frame: N/A
First Duodenal Image: Time: 00:09:27, Frame: 69
First Cecal Image: Time: N/A, Frame: N/A

Esophageal Transit Time: N/A
Gastric Transit Time: N/A
Small Bowel Transit Time: N/A

Bowel Preparation: [Not Specified]

DESCRIPTION OF PROCEDURE

After following pre-procedure prep protocol, informed consent was provided to the patient explaining the risks, benefits and possible complications of CapsoCam Plus capsule endoscopy. The patient expressed understanding and agreed to undergo the procedure. Informed consent was signed and obtained. The patient was brought to the practice and swallowed the capsule and the patient swallowed the capsule without complications.

FINDINGS SUMMARY

no findings

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RECOMMENDATION

need blood test

Signature: <u>v&v</u>

(This document was electronically signed by v&v, MD at 9/13/2018 05:46 PM)

FINDINGS WITH IMAGES

Image 1 (Frame: 63, Transit Time: 00:09:22)



Image 2 (Frame: 69, Transit Time: 00:09:27, Small Bowel Transit Time: 00:00:00:00:0%) First Duodenal Image

