

COLONOSCOPY REPORT

Name: **Ogd 7 Nedtest (Female)**
 Date of birth: **01/01/1944 (80)**
 NHS No: **309 321 709**
 Hospital no: **XX00002331**

Address: **Waverley Gate
 40 Waterloo Place
 Edinburgh
 EH1 3EG**

GP: **Dr S AGARWAL**
ABERCYNON HEALTH CENTRE
HEALTH CENTRE,
YNYSMEURIG ROAD,
ABERCYNON,
MID GLAMORGAN,
CF45 4YB

Procedure Date:
 Priority:
 Status: **Routine
 Outpatient**

Indications

Abdominal mass
 Allergies: none
 ASA Status: Not assessed

Procedure not carried out

Patient cancelled

Follow up

No further tests required.

Bowel preparation

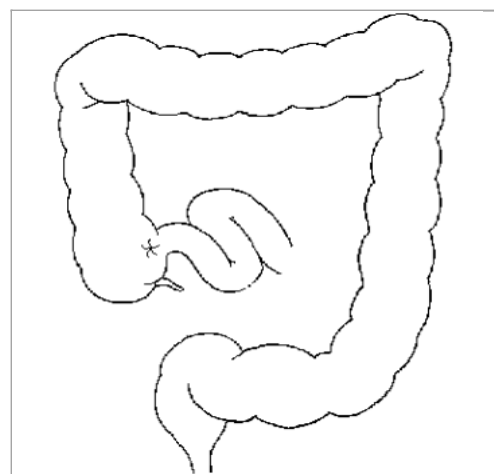
No preparation.

Consultant/Endoscopist

List Consultant: Mr Josh Olaniyan
 Endoscopist No1: Mr Josh Olaniyan

Drugs

Midazolam (nasal) 3



Mr Josh Olaniyan

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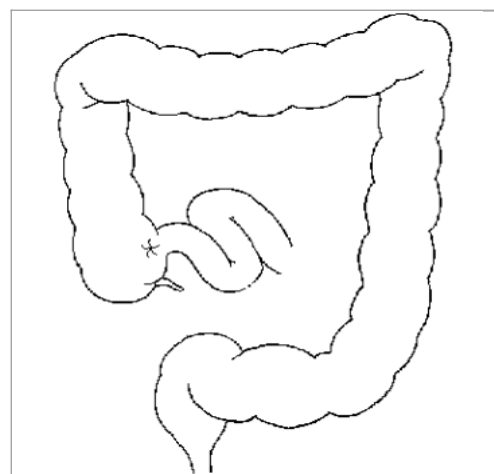
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Patient Report

Procedure: Colonoscopy

Procedure Date:

Procedure Completed: No

Medication:

Results:

Follow-Up:

Clinical: _____

Date & Time of appointment: _____ / _____

- ☐ No further followup or procedure required
- ☐ Follow up to follow in the post
- ☐ Discharge to GP

If you have any questions please ask the nursing staff who will be happy to explain anything you are unclear about. If you have any further concerns please phone QLQLQLQLQLQLQLQLQ

Signature

Name and Designation

- ☐ You have been given an information leaflet
- ☐ You have been referred to a Clinical Nurse Specialist
- ☐ You have been spoken to by the Endoscopist regarding your diagnosis
- ☐ A clinical appointment with your consultant has been made for you