

Flexi Cystoscopy

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: **09 Oct 2024 (17:02 - 17:30)**
 Priority: **Routine**
 Status: **Outpatient**
 Referring Cons: **GP**

Indications

The patient is taking anti-coagulant or anti-platelet medication.
 Allergies: none
 ASA Status: Not assessed
 Family history: Risk unknow and Hereditary non-polyposis colorectal cancer (HNPCC)

Consultant/Endoscopist

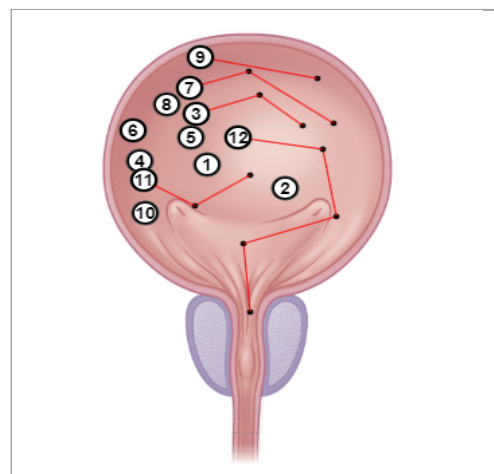
List Consultant: . Jerry Bohun
 Endoscopist No1: . Jerry Bohun
 Nurses: . Jerry Bohun
 mr Huss Dow

Report

Pre-procedure checklist completed
 The patient has given consent.
 First Cystoscopy
 Procedure Type: Flexi
 Adverse events: None.

Diagnoses

Cystoscopy normal



. Jerry Bohun, Imported
 Consultant Physician

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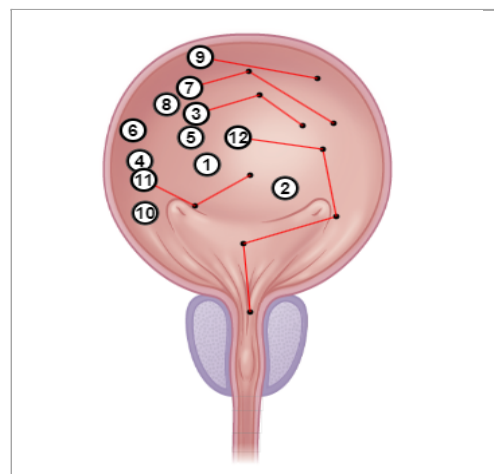
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Patient Report

Procedure: Cystoscopy

Procedure Date: 09 Oct 2024 (17:02 - 17:30)

Procedure Completed: Yes

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 0171 977 1234

Signature

Name and Designation

- ☐ You have been referred to a Clinical Nurse Specialist
- ☐ A clinical appointment with your consultant has been made for you